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THE NEW YORK
JOURNAL OF MEDICINE,

AND THE

COLLATERAL SCIENCES.

EDITED BY

CHARLES A. LEE, M.D.

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TO READERS AND CORRESPONDENTS.

During the temporary absence of the editor from the city for the purposes of health, the charge of editing the Journal has been confided to the same gentleman who superintended its publication on a former occasion, subsequently to the death of Dr. Forry.

The article on "Thrombus of the Vulva," by Professor Velpeau, and the other interesting extracts from the *French Medical Journals*, have all been translated expressly for the present number of this Journal.

The next number will contain original articles by Professor J. B. Beck, Drs. Gunn, Williams, Monell, the editor, and others.

Several works, the receipt of which has already been acknowledged, will be noticed at the earliest possible period. The following that have just come to hand will also be attended to in due time:—

Mélanges de Chirurgie, ou Histoire medico-chirurgicale de l'Hotel-Dieu de Lyon depuis sa fondation jusqu' à nos jours, avec l'histoire spéciale de la syphilis dans cet hôspice ; et compte-rendu de la pratique chirurgicale de cet hôpital pendant six années, 1838—1842, par J. E. Petrequin, chirurgien en chef de l'Hotel-Dieu de Lyon, &c. &c.

Minutes of the Proceedings of the National Medical Convention, held in the city of New York, in the month of May, 1846. (From the Committee of Publication.)

Five Dissertations on Fever. By George Fordyce, M.D., F.R.S., etc Second American edition, with an introduction. Philadelphia: 1846. (Bell's Select Medical Library.)

Annual Report of the City Inspector of the city of New York for the year 1845. (From Dr. Archer.)

Proceedings of the Annual Convention of the Connecticut Medical Society. (From Dr. J. Russel.)

Fevers, their Diagnosis, Pathology, and Treatment. Prepared and edited with large additons, from the Essays on Fever, in Tweedie's Library of Practical Medicine. By Meredith Clymer, M.D. Philadelphia: Lea and Blanchard. 1846. pp. 604. (From the Publishers.)

The Mutations of the Earth, or an Outline of the more Remarkable Physical Changes, of which, in the progress of time, this Earth has been the Subject, and the Theatre; including an examination into the scientific errors of the Author of the Vestiges of Creation. Being the Anniversary Discourse delivered before the Lyceum of Natural History. By John Augustine Smith, M.D., First Vice President of that Institution. pp. 64. New York: Bartlett and Welford. 1846. (From the Author.)

Address of Dr. M. L. North, President of the Saratoga County Medical Society, delivered before the Society at its annual meeting, held at Ballston Spa, on the 26th day of May, 1846. (From the author.)

The Abstract of Proceedings at the second meeting of medical superintendants of American institutions for the insane. (From Dr. Kirkbride.)

Address delivered before the officers and students of the Indiana Medical College (Laporte), at the close of the session of 1845–6. By John B. Niles, A.M., Professor of Chemistry. 8vo., pp. 13. (From the author.)

The Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn. pp. 51. (From Dr. Butler.)

Fiftieth Annual Circular of the New Hampshire Medical Institution. Dartmouth College, Hanover, N. H. May, 1846.

Circular, addressed to the Physicians and Surgeons of the county of Steuben. 12mo., pp. 16.

An Essay on the Pathology and Treatment of Trismus Nascentium, or Lock-Jaw of Infants. By J. Marion Sims, M.D., of Montgomery, Alabama. Philadelphia. 8vo. (From the Author.)

The following Journals have been received in Exchange:—

The London Medical Gazette.
The British and Foreign Medical Review.
The Provincial Medical and Surgical Journal.
The Dublin Medical Press.
The Dublin Quarterly Journal of Medical Science.
The London and Edinburgh Monthly Journal of Medical Science.
The Illinois Medical and Surgical Journal.
The New Orleans Medical Journal.
The Boston Medical and Surgical Journal.
The Western Journal of Medicine and Surgery.
The Saint Louis Medical and Surgical Journal.
The Medical News.
The Philadelphia Medical Examiner.
The Southern Journal of Medical Science.
The British American Journal of Medical and Physical Science.
The Southern Journal of Medicine and Pharmacy.
The American Journal of Pharmacy.
The American Journal and Library of Dental Science.
The Buffalo Medical and Surgical Journal.
Silliman's Journal of the Arts and Sciences.

ERRATUM.

We are requested to correct an error that occured at page 352, of the last number, where it appears as printed under the head of Proceedings of the New York Medical and Surgical Society, that the case alluded to by Dr. White was the same as the one reported by Dr. Post, as "Retroversion of the Uterus." This might imply an error of diagnosis on the part of Dr. White; it is therefore proper to state that the two cases were in no way connected. A separate paragraph should have been appropriated to each.

THE NEW YORK

JOURNAL OF MEDICINE.

FOR JULY, 1846.

PART FIRST.

Original Communications.

Art. I.—*Extracts from the Recorded Proceedings of the New York Medical and Surgical Society.*

ON THE MEDICAL TOPOGRAPHY OF FORT KENT, MAINE.

By Alexander S. Wotherspoon, M.D., Assistant Surgeon U. S. A., Corresponding Member of the Society.

[This interesting paper formed the subject of a special Report, addressed by Dr. Wotherspoon to Thomas Lawson, Esq., Surgeon General of the United States Army, and was communicated to the Society through Alfred C. Post, M.D.]

Fort Kent is situated in the most northern part of the State of Maine, at the junction of the Fish River with the St. John's, in Latitude 47° 15′ N., Long. 68° 38′ W. In a direct line, it is about 60 miles distant from the St. Lawrence, and 180 from the sea, above which it is elevated 556 feet. The St. John's, opposite the Fort, is about $\frac{1}{4}$ of a mile in width; and during summer, when not swollen by heavy rains, is full of bars and rapids, so as to be only navigable by light wooden and birch canoes, or by small flat boats, towed by horses along the shore. The Fish River, a rapid stream of some size, is the outlet of the large Eagle Lakes, and is said to carry off the surplus of some 200 square miles of water. The whole country is intersected by chains of hills, running from W. to E., of a height varying from 200 to 600 feet above the level of the river; the valleys between them being occupied by rapid streams, or lakes of variable size.

The barracks and officers' quarters are situated upon a level plain, 40 feet above the river, extending back in a southerly direction to the foot of the hills, a distance of a quarter of a mile. The soil is a light loam, which rests upon a stratum of gravel and pebbles. On passing through this, is found a bed of tough blue clay, reposing upon an argillaceous slate rock. This slate is found cropping out in large masses on the sidehills, and extends on the south to the valley of the

Aroostook, where a transition limestone with trilobites and other fossils, takes its place. In consequence of its geological formation, the drainage of the land is excellent, and numerous springs of fine water are found in every direction. With the exception of the immediate bank of the St. John, and a few scattered farms on the road which connects the settlement with the military road, at Wattawamkeag, the whole country is still covered by a dense, unbroken forest. The harder woods, different varieties of the maple, beech, birch and ash, are found on the more elevated and the more rocky soil, while the lower grounds are occupied by the spruce, fir, larch, and cypress. The white and yellow pines which produce the fine lumber, the staple of the country, are found scattered through the forest, generally more or less isolated and distant from each other. Large elms are generally seen on the interval lands; the generality of the forest trees, however, with the exception of the pines, are of a rather diminutive size.

There is very little game in the immediate vicinity of the Fort; occasionally moose, carriboo and deer, are seen; but these animals are said to be fast deserting the country. Two species of wolf, the loup cervis, bear, and glutton, are sometimes shot or taken in traps; and a few beaver, otter, sable, and mink skins, are brought for sale by the hunters. Wild pigeons, partridges, and ducks, are found in inconsiderable numbers. The river and lakes are, however, well stocked with trout, togue, and other fine fish. During the summer months the insects are very numerous, and very annoying. Mosquitoes appear in immense numbers, often before the snow has left the woods; a species of sand fly, called by the Indians "*no see 'ems*," are also very troublesome; but the most venomous of all, is the "black fly," an insect of a dark colored body and grey limbs, about one-fourth the size of the ordinary house-fly. This little insect perforates the skin without causing pain, leaving a small, red, circular mark, generally found covered with a clot of hardened blood. In a short time the integument around the puncture swells, hardens, and itches intolerably. These small tumors remain for two or three days, gradually disappearing and occasionally leaving a small scar. When the bites are numerous, and the person attacked of an irritable temperament, the face and hands become severely inflamed and swollen, with œdema of the eyelids, and febrile symptoms of some intensity. The application of the aq. ammon. to the bite, allays the itching, and prevents much of the subsequent inflammation. The only possible method of remaining in the woods during a warm, clear day, is to smear the exposed surfaces with some oily and odoriferous substance, such as oil of camphor.

The climate, at this post, is almost Siberian in its rigor; the mean temperature for the year ending June, 1845, being 35.90. The long, dreary winter commences during the last weeks in October, when repeated falls of snow cover the ground, to remain unmelted to the succeeding spring. The St. John's is generally frozen across by the last of November; some of the largest rapids remain open until the middle of December. From November to the last of March, the thermometer, every clear night, falls below zero; and in January and February the mercury is sometimes frozen in the bulb. This phenomenon was twice witnessed during the month of February, 1845.

Fortunately, during the intensely cold weather of mid-winter, the atmosphere is perfectly calm, and the woodsmen are able to work in the open air without injury. Indeed, the number of those who suffer from exposure, is wonderfully few—no doubt in some measure owing to the precautions they take to defend themselves from the cold. A lumberman always wears from two to three thick red flannel shirts, a species of woollen blouse or loose jacket, a couple of pair of drawers with overalls, generally three or four pairof woollen socks, and a huge pair of cowhide boots. The snow, which by the middle of March is often five or six feet deep, begins to melt by the last of that month; disappearing from the open fields by the middle of April, but often remaining in the woods until after the 1st of June. The rivers generally open from the 15th to the 30th of April, the lakes remaining frozen some two or three weeks longer. Immediately on the breaking up of the river ice, the spring freshets commence; the rivers remaining swollen until the snow in the forest is completely melted. A second, called the June freshet, sometimes succeeds the heavy rains which are usually looked for in that month. Killing frosts are generally experienced through the month of May. On the 4th of June, 1844, ice one-third of an inch in thickness was seen. The last killing frost in 1845, occurred on the 31st of May. White frosts occur repeatedly during the summer months, and the thermometer on a clear night with a northerly wind, sinks to 34° or 33°. These frosts very seldom injure even the most tender garden vegetables. The transition from winter to summer is very sudden; the trees put forth their foliage, and the various plants spring up with singular rapidity. I have repeatedly, in the woods, found flowers in full bloom, by the side of masses of the yet unmelted snow. The snow covers the ground so early in the fall, that the earth is rarely frozen to any depth, so that immediately upon its disappearance, agricultural operations can be commenced, though, owing to the coldness of the season, very little planting is done before the 1st of June. The first swallows make their appearance during the last week of May. I found the Acer Rubrum (red maple) in blow on the 16th of May, the Aronia Botryapium (shad bush) on the 23d, the Betula Populifolia (birch) on the 7th, the Dumus on the 13th, and the Sorbus Americana on the 26th of June. The Fragaria Canadensis (the wild strawberry) is generally in blossom by the 1st of June, and the first ripe berries are found during the first week in July. Occasionally, during the summer months, when southerly or south-westerly winds prevail for two or three successive days, the weather becomes very warm and oppressive, the thermometer rising to 94 or 95 in the shade; but generally it is sufficiently cool to wear the ordinary winter clothing of warm climates. A striking peculiarity of the months of June and July is the sudden and frequent squalls of rain and hail, which occur when the wind blows fresh from the W. or N. W. In the months of August and September, morning fogs occur, rising from the rivers and lakes, spreading over the adjacent lands, and disappearing as the sun gets high. They form an admirable protection to the low lands from the early autumnal frosts, which make their appearance during the last of August. Harvest commences the last week in July, when the crops of grass are generally in a fit state to cut. Oats and other grains ripen about the

1st of September, and have often to be reaped while still green. Nothing is more common than for whole fields of green grain to be cut down by the frosts. The potatoes, the main food of the poorer inhabitants, are dug during the early part of October, and very often after the ground is covered with snow.

The prevailing winds are from the W. and N. W. The mean quantity of rain falling during the months ending June 30th, 1845, was 2 : 61 inches. It is the southerly and easterly winds that bring the heavy rains. The proportion of cloudy days considerably exceeds that of clear ones. The hygrometrical observations would seem to indicate that, in general, the atmosphere around Fort Kent is unusually free from aqueous vapors.

The settlers on the St. John's are mostly of French origin, many of them descendants of the old Acadians, who, driven by the English from Nova Scotia, settled at St. Anne's, now Frederickton, N. B., whence a number of families found their way to Madawaska. The first settlement was made in 1783. They have, from time to time, received a considerable addition to their numbers from the Canadas, particularly during the last few years. The population of the whole settlement in 1840 was 3,640 ; on the American side of the river, 1584 ; on the British, 1876. The first American settlers came into the country about thirty years since. They remained very few in numbers, until the impulse given by the lumber trade induced many, within the last five years, to clear lands on the upper St. John's. The French are a gay, careless, rather improvident people ; like their ancestors, passionately fond of dancing and the music of the violin ; devout Catholics, extremely bigoted and ignorant, and completely under the control of their priests. Their morals are generally good, and they are not often intemperate. They are generally of a small stature, and in this respect present a striking contrast to the tall, athletic lumbermen from Maine and New Brunswick. Most of them are of a nervous, excitable temperament, easily lose their presence of mind in moments of difficulty, and have obtained but little reputation for moral or physical courage. The poorer classes depend for their subsistence upon their fields of potatoes, which with milk, bread of unbolted flour mixed with rye, barley or buckwheat, often very black, very sour and very badly baked, and a little pork, forms their principal living. Those that are richer fare better, though the living of the best of these would be considered poor enough by an American farmer. They raise barley, rye, oats, and potatoes ; wheat is too uncertain a crop to be depended upon. The only garden vegetable universally cultivated is the onion, which forms a very marked ingredient in all their cooking. They live, for the most part, in huts built of logs ; the chinks filled with moss and clay, heated within by a huge iron stove. A ricketty table, two or three stools, a straw bed and coverlets, a few cooking utensils, form the sum total of the furniture. The houses of the more respectable and wealthier inhabitants, are formed of timbers neatly squared and closely fitted, divided internally into several apartments, often very comfortably furnished, and neatly arranged. The chimneys of all are formed of clay, moulded over a framework of wooden slats. The people are warmly clad during the winter in woollen fabrics of their own weaving; their feet protected from the cold by woollen socks and moccasins of moose hide or untanned leather.

They marry at an early age, particularly the females. One couple, who dwell a short distance from the Fort, was married when the husband was 13 and the wife 14 years of age; an instance occurred, since my residence in the country, of the marriage of a girl of 13 years, who had never menstruated, and this I am told is by no means uncommon.

Some of the families are rather remarkable in point of numbers. Twelve living within a mile of the garrison, and taken without exception, have had in all 93 children, and been married in the aggregate 162 years; a child every 20½ months. The wife of Jacques Camel (the father of one of these families) has been married 11 years, and had 7 children, all now living, except the eldest, who died at the age of 4 years. During the whole of these 11 years, she has never seen her monthly periods but once. Her second child was born exactly nine months after her first accouchement; her third the same period after the second. She has always been in the habit of nursing her children from one birth to another.

Burgoyne, æt. 59, residing at Green River, has had 20 children—18 by his first wife, two by his second. She is now enceinte. His eldest daughter has been married ten years, and has had eight children. His mother had three pair of twins.

Larent Terriand, at the same place, has had twenty-six children by one wife; the mother had her last infant at the age of 53.

Buonaventure Le Crog, in eighteen years, had nineteen children; of these five pair were twins.

Thibadeaux, now 66 years of age, had had 22 children by two wives, 10 by the first, 12 by the second. Buonaventure Lisott, at the age of 27, married Julia Martin at 19. He is now 51, she 43. They have had 17 children; and 4 pair were twins.

Jerman Ceie has had 22 children; all single births; his wife was married at the age of 14, and is now 43.

Jerman Michaux has had 20 children by two wives; the youngest of these is 4 years of age. He is now 59, she 45 years old.

The wife of Isaac Bialette, 42, has had 19 children.

The wife of Pierre Richor, at Chatia Corner, has had in three years three successive twin births; all 6 children are now living.

Mr. Webber, the Massachusetts Land Agent, who took the census in 1830, saw in one log hut, a woman with 5 children under 3 1-2 years; one twin, and one triplet birth. She was then pregnant a third time.

There are 6 families at Green river, living within the space of a mile, who have had in all, 106 children; an average of 16 each.

They are attended during their confinements, by the older women, some of whom have acquired considerable reputation in the management of obstetrical cases. They do not hesitate, when the labor does not progress with sufficient rapidity, to seize upon the presenting part and effect the delivery by main force. In an arm presentation, the midwife fairly tore the child to pieces, effecting a delivery by means of a common kitchen pothook, and what is rather singular, the mother recovered without any serious trouble resulting. They leave their beds often within twenty-four hours after the birth of the child, to attend to their customary household employments. In consequence of this, their rapid child-bearing, and the hard labor to which they are occasionally subjected, the great majority of the females, particularly when advanced in life, suffer from prolapsus uteri and leucorrhœa. Uterine hemorrhages are also of very frequent occurrence.

In 38 cases, the average date of the first appearance of the menses was 13.5 years; in one case commencing at 11, in the most protracted, at 19 years. To compare with these, I have procured the ages at which the only eight American girls who have been raised on the river, first menstruated. The average date was 15.12 years, the youngest at 14, the eldest at 16. As the Americans have a decided superiority in manner of living; use better and more stimulating food; wear warmer and more comfortable clothing; all of which causes would tend to accelerate the period of puberty, it would seem that race, as well as climate, has great influence in the matter. I have been able to obtain a few observations concerning the period of the menstrual flux. In three cases, it ceased at the ages of 43, 46, and 51 years.

During the fall, winter, and spring months, the forest becomes peopled by a floating population of lumbermen, whose number varies from 2 to 3,000. In the months of August and September, they arrive at the Fort, on their way to the lumber camps of the Upper St. John's, and its various tributaries. They have generally spent the larger portion of their last year's wages, in wild frolic and dissipation, and many of them are suffering from gonorrhœa, venereal, and the effects of a too great indulgence in spirituous liquors. On arriving at the seat of their operations, they build their camps—small huts of logs with low sloping sides, and a large hole in the centre of the roof to allow the smoke to ascend into the open air. They, for the most part, live extremely well, particularly the American parties. They are amply supplied with wheat flour of an excellent quality, codfish, molasses, dried apples, good pork, and occasionally fresh beef. The men seem cheerful and happy, and certainly enjoy extraordinary health. All the day, they are actively engaged in the open air, cutting and hewing the timber, or conveying it to the banks of the various streams, from whence it is to be floated to the market at St. John's. One firm, who employed in the woods, during the past winter, over 300 men, informed me, that only three out of the number left their camps, and that none of these were seriously ill. The same state of good health prevailed in most of the other parties who were encamped above the Fort, on the St. John's and its branches. Two cases of simple fracture, one of the fibula, the other of the clavicle, and a few incised wounds from careless blows with the axe, were the only accidents that came under my care during the past winter. In consequence of their uncleanly habits and a gross stimulating diet, they frequently suffer from cutaneous diseases, particularly the different varieties of Eczema and Lichen. Severe attacks of Lichen Agrius were found perfectly manageable under a system of alteratives, gentle laxatives, a complete change of diet, and a due regard to cleanliness. The same causes, with the irritation of the smoke (often very troublesome in the camps) renders the tinea ciliaris, with slight inflammation of the Meibomian follicles, a very common affection. Another disease of the eyes, to which not only lumbermen and teamsters, but all others who are much in the open air, are subject, is Hemeralopia. It is most common in the months of March and April, when the length of the days has become considerable, and the men are exposed during this time, to the bright light reflected from the snow, which covers the whole surface of the ground. It would doubtless be a complaint of much greater severity, and much more frequent occurrence, were it not that the proportion of cloudy days considerably exceeds that of clear ones. The cases, not very numerous, were easily cured by confinement to dark apartments, and avoidance of exposure to the exciting cause.

I have met with a considerable number of cases of dyspepsia among these lumbermen, the disease originating from the gross nature of their diet, aided no doubt by the large quantities of salæratus which the camp cooks mix with their flour, to lighten their bread. On breaking a loaf, it is frequently found full of portions of a yellowish or yellowish green tinge, rather disagreeable to an uninitiated taste, but preferred by the men, who insist upon its use. A complete change of diet, with alterative and anodyne medicines, generally effected a cure in a very short time.

When the rivers open in the spring, about the middle or last of April, the lumbermen take advantage of the freshet, "to drive" their timber to market. For two or three weeks, the men employed on this duty, are engaged from sunrise to dark in setting free the logs of timber, often many tons in weight, which have caught and grounded on the bars or shores during the rise or fall of the water. During the whole of this time, they are using the most violent exertions, with their lower extremities constantly immersed in water, of an extremely low temperature. They lie down at night, weary and exhausted, without changing their clothes, in front of a camp fire, or on the floor of some convenient hut. From this exposure, rheumatic affections originate, not often of the acute form, but mostly sub-acute and chronic, and to these they often remain martyrs through a long life. It is a little singular, that during the two driving seasons I have been at the post, only two cases of bronchitis and one of tonsillitis have presented themselves for treatment, and attributed their maladies to this exposure. Not a single case of pneumonia or pleurisy. Some of these parties are allowed the free use of spirituous liquors, while others are conducted on the temperance plan.

Several cases of scurvy have placed themselves under my care ; the disease makes its appearance in the spring months, in those who have been unusually restricted to a salt diet. This malady prevailed in former years, to a very considerable extent, and used to be of frequent occurrence during the provincial camps on the Restigouche. Only one of the cases under my charge was of any severity. The man had been left at a camp on the Black river, in charge of some cattle, with no other provisions than salt pork and flour. Had he not been providentially discovered by some timber explorers, he would have perished in the wilderness. When brought by canoe to the Fort, he presented some of the worst features of the disease, extreme debility, soft, spongy, ulcerated and bleeding gums, subcutaneous effusions of blood, &c. He speedily recovered under the ordinary antiscorbutic treatment.

The region adjacent to Fort Kent is probably one of the healthiest within the limits of the United States, and though rigorous, the climate seems to be productive of the most robust health. Fevers and other diseases of a malarious origin are unknown, and other acute diseases are by no means of common occurrence.

In the fall and early winter months, and again in the spring, pulmonary affections, principally pneumonia and pleurisy, present themselves for treatment. They are by the patients generally ascribed to colds, caught while exposed during a state of profuse perspiration. The cases under my care have been of a mild character, yielding readily to general antiphlogistic treatment. During seventeen months, out of 94 cases admitted into the hospital, there were two of bronchitis, and five of catarrh; all of these last were trivial cases, which remained under treatment an average of two days each. This freedom from catarrhal diseases is no doubt in a great measure owing to the peculiar dry bracing atmosphere of this region. While on the sea coast, I found that catarrhal diseases originated not so much from sudden vicissitudes of temperature, as from a simultaneous change in the hygrometric condition of the atmosphere. A sudden change from a comparatively dry and warm westerly or north-westerly wind, to a cold damp air from the north-east or east, was certain to send its quota of sick to the hospital, with the various forms of catarrhal disease; while an equally sudden change from a warm southerly, to a cold north-westerly, was unattended by the same results. The variations of temperature, in the two instances, were equally great; but in the first, the surface of the body, at the same time that it was chilled by air of a low temperature, came in contact with an atmosphere already nearly saturated with moisture, and whose capacity for containing an increased quantity was consequently much diminished. Here two causes combine to produce a sudden check of the cutaneous secretions, some other portion of the system takes on itself an increase of duty, and catarrhal inflammation is the result. At Fort Kent, these two causes are seldom or never combined, for the only winds that are moist and bring rain in any quantity, come from the south and south-east, and both of them are attended by an increased warmth, tending to relax the surface; while, on the other hand, the cold winds from the north and north-west always bring an increased dryness of the atmosphere.

The climate of Fort Kent, like that of the colder regions of northern Europe, does not seem favorable for the production of pulmonary phthisis. During my sojourn at the post, I have neither seen nor heard of a case of this disease among the French or American settlers. Assistant Surgeon Isaacs, who, during the two years he was resident at the Fort, had a much better opportunity than myself of becoming acquainted with the diseases of the country, informs me, not only that he never saw a case of consumption in the country, but that some of the inmates of the garrison who were affected with suspicious symptoms, recovered from them entirely. The present revenue officer at the post, a man of decidedly scrofulous temperament, had suffered a slight attack of hæmoptysis, and other symptoms of incipient pulmonary disease, when he was ordered to this post. Though liable to catch cold when exposed, his cough no longer troubles him, he has gained flesh and strength, and considers himself free from the disease. A careful examination of the chest in this case, gave no marked results, yet I have no doubt from his symptoms, that when ordered to Fort Kent, he was suffering under tubercular deposition in the lungs. One case of phthisis occurred in an artificer of C. G. 1st Artillery a man hereditarily disposed to the disease, and having it fully developed before his arrival at the post. He remained for a year in tolerable health, until much exposed to hard labor in the midst of the melting snows of March and April, when the disease became more marked, and he was forced to enter the hospital. As his term of service had nearly expired, and he was desirous of visiting his friends, he was allowed a furlough, without remaining any length of time under treatment.

The children in and near the garrison have generally enjoyed the best of health, and have been afflicted with none of those complaints so common in warmer climates. It has frequently been made the subject of remark by the mothers, how vast the difference in this respect between Fort Kent and their former posts. For the last seven months, with the exception of a couple of cases of eczema, and one or two slight pectoral affections, I do not remember to have been called to prescribe for a single sick child.

The goïtre is not an uncommon complaint in the settlement, attacking here, as elsewhere, mostly females, and those after the age of puberty. The disease appears to be gradually disappearing. Some twenty-five years since, it was so common, that very few of the females were unaffected, and even sheep and other cattle were to be seen with large swellings of the throat. It is supposed by the inhabitants to originate from the use of the river water, but this can hardly be the case, as the same water has been freely used by those living on the lower St. John's, and yet a case of bronchocele has never been seen below the Grand Falls. It has attacked the American settlers as well as those of French origin. In one young American girl, æt. 15, it appeared after she had been in the country about a year; in two others, after they had lived on the river a longer time. In two of these cases, the disease was cured by a removal from the country.

Purpura; Post-Mortem results in.

Dr. Wilkes stated that he had seen, within three weeks, three cases of Purpura; one of them had terminated fatally. The fatal case was accompanied with hemorrhage from the nose, bowels, &c., and the patient died in 24 hours. On post-mortem examination, no spots were found to have remained externally, but they were detected in great abundance, throughout the whole internal surface of the intestinal tube, in the liver, and especially in the kidneys.

Varioloid, complicated with Erythema and Purpura.

Dr. Bulkley stated that he was called Nov. 6, 1845, in consultation with Drs. Linsly and Rockwell, to see Miss M. H., 19 years old, brown hair, thin skin, fair complexion. Was attacked with bad headache on 2d inst., and two days afterwards, with pain in the back, when she was first seen by Dr. L.; at which time there was considerable restlessness, with slight febrile symptoms, and furred tongue. These symptoms increased, until morning of the 6th inst., when the restlessness was great, the pulse rapid, and a few elevated points were seen about the face and forehead, with turgidity of the tonsils; and same afternoon, patches of red color were noticed on different parts, and there was increased restlessness. At 10 P. M. when first seen by Dr. B., she was inclined to be comatose, though easily aroused, and could answer questions correctly; complained of no particular pain, skin was hot and dry—pulse 120, weak—tongue perfectly dry and rough, and covered in middle with thick yellowish brown fur, point and edges of a dark red color. There were numerous small papular elevations, distributed on cheeks and on forehead, in patches of various sizes, nearly circular in shape, with intervals of skin between them almost natural in color. A very few of these were distinctly depressed in the centre. The body and limbs were covered with an erythematous efflorescence, of a very deep tint, on back and abdomen, on which parts were also scattered a few papules, some with distinct central depressions. Under and about the axillæ and the groins were patches of a deep red color, not disappearing under pressure of the finger. There was no hemorrhage from any part. The tonsils and posterior fauces and uvula were of a dull red color, and the tonsils were covered with a dirty yellowish secretion. Numerous papules were scattered about the base of the uvula, and on the posterior part of roof of mouth. Camphor mixture and ammonia, and infusion of serpentaria, were directed, and also wine whey, should there be symptoms of sinking. The following morning she had rallied somewhat; the skin was still dry and rather hot, and the pulse 110, and the tongue dry and furred in the middle. The throat was much less red. The eruption of varioloid was more distinct and more abundant, and the cheeks were more red. The redness on the back and abdomen was very much less, that of the limbs about the same. There were a very few pustules (not more than six or eight) on the back, of a rather livid color, and there were also a few scattered on the abdomen, and the upper and lower extremities. The spots of purpura were still well marked, but of less deep color. The same means were continued in diminished quantity.

The next day (8th), the general symptoms were very much improved, but the varioloid was very much more abundant, especially on the face and forehead, which were almost entirely covered with it, and new pustules had appeared on the upper and lower extremities, but no more on the back. The erythema had disappeared from every part, but the purpura was much more developed, especially about the groins and the lower part of the abdomen, which was of a deep red color, and thickly studded with petechial spots, extending a short distance above the umbilicus, above which the color gradually shaded off into the natural color of the skin. The spots of purpura also continued about the axillæ, none elsewhere. The tongue was less brown, and beginning to be moist, pulse 98, and skin of nearly natural temperature. There was no pain anywhere, and no tendency to coma. There had been two scanty stools since last visit. The camphor and ammonia were continued at long intervals, with farinaceous diet.

Two days after (10th) the eruption of varioloid was much more abundant everywhere, except on back and abdomen, where there was but very little, and perfectly confluent on the face. The purpura was gone from the axillæ and groins, and there were slight traces of it only on the lower part of the abdomen. The tongue was still coated, and there was some cough—pulse 96, weak. Had discontinued the carb. ammonia for last 24 hours, and taken spir. minder. and infusion of serpentaria—bowels opened yesterday.

The patient continued to do well. On the 15th (9th day of eruption) a few pustules on the face and forehead had scabbed, and others were assuming a transparent horny appearance; but most of them were still fluid, and well filled; she had then taken chicken broth, and was to have oysters.

On the 20th (14th day of eruption) the pustules on the face had all dried up, and more of the scabs had fallen off. Her appetite was good, and she was doing well in every respect.

Her face was kept covered during the whole time with linen cloth dipped in almond oil, and entirely secured from the light by a large paper loosely laid on it, and the room kept dark.

Diarrhœa occasioned by Nitrate of Silver.

Dr. Horace Green mentioned a case of diarrhœa produced by nitrate of silver; a patient from the country had been under treatment for disease of the larynx, and on leaving town had been provided with a cough mixture, and a solution of lunar caustic for a gargle; he had mistaken the medicines, however, and gargling his throat with the *mixture*, took the *solution* internally. This occasioned a severe diarrhœa, which lasted during the whole time that he continued its use (two weeks). The quantity taken was about half a grain twice a day.

Mercurial Stomatitis terminating in Gangrene and Death.

Doctor Campbell Stewart reported the case of a female child, 5 years of age, who had been taken with acute peritonitis on the 10th of March. As the subject was of a full habit, with a tendency to plethora, an active antiphlogistic treatment was adopted; the disease continued, however, to progress, and at the expiration of ten days, the patient was considered to be in a hopeless condition; it was now determined, as a last resort, to endeavor to get the system under the influence of mercury as speedily as possible; four blue pills and a dose of calomel were administered in the course of 24 hours, and in less than 48 hours a profuse salivation ensued, from which time the unfavorable symptoms of the disease began to abate, and in a few days the child was considered as convalescent. Great difficulty was experienced, however, in arresting the salivary discharge, which, having continued for several days, was succeeded by swelling of the left cheek, and the appearance of a small black point at the ala nasi; the gangrene continued to spread downward and inward until it reached the tubercle of the upper lip, where its further progress was arrested, and in a few days a firm cicatrix was formed, and the external parts had all healed without leaving any fistulous communication with the mouth. Two of the teeth having fallen out, a close inspection of the interior of the mouth was again made, and it was perceived that a portion of the superior maxillary bone was exposed and softened; there ensued a considerable secretion of pus, which was discharged in large quantities from the mouth, and some of it swallowed, which gave rise to a troublesome diarrhœa, which, however, soon yielded to appropriate remedies. The patient's appetite remained good, and her strength was maintained by tonics and nourishing diet. Her general health continued so good that strong hopes were entertained of her entire restoration, with but comparatively trifling deformity. About the 15th of May, however, having been exposed to a current of air, the cheek began to swell again; it soon became hard, shining, tense, and painful to the touch; the sutures of the maxillary bone became detached, and it was removed, almost entire, with the fingers; about the 20th of May, Dr. A. C. Post was requested to see the patient, and with his assistance the loose soft parts (palate that had been attached to the bone) were excised. The whole side of the face was painted with tincture of iodine. A solution of hydriodate of potash was directed to be administered; and Labarraque's solution continued as a local wash for the inside of the mouth. On the next visit, the day after, a black point, the size of a five cent piece, was perceived on the left side of the cheek near the nose, and the gangrene continued to spread until the whole cheek and side of the face became involved, and the patient died in a state of delirium on the 29th of May—eight days after the re-appearance of the mortification, and more than two months subsequent to the administration of the medicines that had induced ptyalism. There was no hemorrhage at any period during the progress of this case. On subsequent inquiry it was ascertained from its father, that the mother of this little girl was scrofulous, and had frequent swellings of the glands of the neck. A brother of the child had likewise died at an early age, of gangrenous sore throat.

Fracture of the Vertebræ and Paraplegia.

Dr. Buck mentioned a case of fracture of the vertebral column at the first lumbar vertebra, accompanied by paralysis of the pelvic viscera and of the lower extremities. Although sensation is entirely lost in the limbs, yet the patient is sensible of occasional twitchings, and these can at any time be excited by sticking a pin into the sole of the foot; or, in the right limb, by simply grasping it. Dr. B. related this case as illustrating the views of Dr. Marshall Hall respecting the excito-motory nerves.

Art. II.—*Report of Cases treated at the Infirmary for Diseases of the Skin, Northern Dispensary, New York.*—By Charles D. Smith, M. D.

From May 1, 1844, to May 1, 1846, eight hundred and eighty-three individuals applied at the above institution for treatment; two hundred and forty were women, one hundred and twenty-five men, and five hundred and twenty children. Seventy-eight cases cannot properly be arranged under the head of diseases of the skin, consisting chiefly of burns, bruises, and abscesses, although they were entered on our books. The remaining eight hundred and seven were classified in the following order:

Of the Exanthemata.—There were of Urticaria, 26 ; Erythema, 12 ; Erysipelas, 7 ; Roseola, 5.

Of the Vesiculæ.—There were of Eczema, 226 ; Scabies, 53 ; Herpes, 46 ; Varicella, 38.

Of the Bullæ.—Pemphigus, 10 ; Rupia, 4.

Of the Pustulæ.—Impetigo, 135 ; Ecthyma, 41 ; Acne, 15 ; Sycosis, 2 ; Porrigo, 10.

Of the Papulæ.—Lichen, 86 ; Prurigo, 12 ; Strophulus, 3.

Of the Squamæ.—Psoriasis, 20 ; Pityriasis, 25 ; Lepra, 1.

Purpura, 3 ; Syphiliticæ, 20 ; not classified, 6.

Great pains were taken to ascertain precisely the habits, avocations, and nutriment, of our patients, with a view to establish the causes of these diseases. Whilst it was seen that certain employments, poverty, and constitutions enfeebled by intemperance and other vices, induced them, and in some cases hereditary predisposition could be traced, yet, for the most part, they appeared rather obscure, and no very satisfactory conclusion was arrived at.

Any one who has given much attention to cutaneous affections must appreciate the utility of a correct diagnosis. The difficulties in acquiring it are not easily set aside, and many, in consequence, are deterred from entering upon a systematic study of their peculiar characteristics, especially when few opportunities present themselves for becoming familiar with cases. It is very essential, however, to be able to recognize the different varieties ; not only to arrange them in the order to which they belong, but also to know what treatment is applicable. Our first step, then, was to seek for the elementary form. In this we were often disappointed, either owing to the disease having existed a long time and a consequent alteration in its symptoms, or complications with other eruptions, which occurring, rendered it necessary for us to see the cases often, and watch them strictly before they could be assigned to their appropriate classes.

With regard to the treatment, we meet with frequent discouragement in fully carrying out our plans. Many, from the extreme obstinacy of their complaints, would become weary and discontinue their attendance ; others, in menial situations, lacked the time to devote that attention to themselves, which was requisite ; but by far the greater number have been cured, or so far relieved as to pursue their avocations without annoyance. It is to be regretted that many, from want of means, were deprived of the advantages of bathing, which is so essential in assisting the action of remedial agents, if not rendering permanent their good effects. A considerable number have availed themselves of the cheap bathing establishments about our city, and in that way, no doubt, accelerated their cure. No arranged plan of treatment has been adopted. We endeavored as closely as possible to follow the indication presented. It was considered of the first importance to ascertain precisely the condition of each organ of the body, if any one were diseased, or their functions impaired. In several instances, medicines addressed to disordered viscera alone, resulted so immediately in an amelioration of the disease as to obviate the necessity of any external application whatever.

A few cases will serve to show the usual course which has been pursued.

The Urticariæ were mostly all in children ; the consequence of intestinal irritation. They yielded readily to warm baths, alkalies, and gentle laxatives. There were included among these cases, several females who exhibited large whitish blotches elevated above the surface, accompanied with intense burning and stinging, which was attributed to some indigestible substance they had eaten. Emetics were prescribed, which produced relief in a short time.

The ERYTHEMÆ were of the species E. Nasi, E. Papulatum, and E. Intertrigo. The first two were in women, the last in children.

A child six months old was attended with the latter form of this eruption, situated in the folds of the neck, and excepting a slight redness, could only be seen by separating them, when was exposed an excoriated surface for some considerable extent. Every application in the way of stimulating ointments and astringent washes proved ineffectual. At the suggestion of my colleague, Dr. Osborn, a weak preparation of black wash was used, which, in a day or two, effected a cure. Similar cases were benefited in a like manner.

The cases of ERYSIPELAS were without much interest. The ROSEOLÆ were instructive from the fact of having been suddenly developed after vaccination. In most of them the deep rose-red color was very perceptible. Little or no treatment was adopted.

Of all the cutaneous affections presented to us, by far the most numerous, as well as intractable, were the ECZEMAS, occurring in every variety, as to form and character, situated on various parts of the body, attacking both sexes and all ages. Infants during dentition were the more common subjects,and when located on the scalp, which in them was the usual seat of it, were found generally with fever, the head extremely hot, a viscid exudation flowing from the scalp, and glueing the hair together in masses; in some, brown or yellow incrustations covered the top of the head, which varied in thickness, and was more or less adherent to the skin; frequently the eruption would extend to the face and ears, the glands about the neck were swollen, indurated, and oftentimes suppurating. The plan pursued was first to scarify the gums, if swollen and painful. Emollient cataplasms were then directed to be applied to the part until the scabs were removed, or the scalp cleansed, followed by alkaline washes of sup. carb. soda or potash, to relieve the excessive pruritus. Ol. lini et aq. calcis for this, was also found very serviceable. Internally, small doses of rhubarb and soda often repeated, and when the stomach and bowels were much deranged, hydr. cum creta, or calomel combined with ipecac. and soda, were prescribed. In this manner we proceeded until all inflammatory symptoms had subsided, when alteratives and stimulating ointments or lotions were substituted, which varied according to the constitution or condition of the patients. In the chronic form, the several preparations of bark, iron, mercury, and iodine, were employed. Some of the mineral acids were frequently required, and sarsaparilla also resorted to as an important auxiliary. This plan generally proved successful. There were cases of this disease in adults as well as children, which resisted the most determined treatment. Patients of strumous habits were, for the most part, rather unmanageable; still many were decidedly benefited.

One of the most usual varieties of Eczema was its local form occurring on the arms, hands, or legs. A young man, twenty-five years of age, came under treatment for an Eczema on the back of both hands, from which he had suffered for one year, having tried many celebrated remedies for *salt-rheum*, as it was termed. When first seen, his hands, from his wrists to his finger-nails, were swollen, inflamed, and excoriated, from which an ichorous fluid was secreted, accompanied with a burning sensation. It was found, upon an examination of his case, that he was laboring under torpid liver. The ol. lini et aq. calcis was used as an application to his hands until inflammation ceased, and pills of mass. hydrarg. and aloes were prescribed. At the end of a week the swelling subsided and the secretion ceased, but left the skin dry and hard, and in some places cracked and fissured. The vapor douche was recommended to be applied twice a day, and the fuligokali ointment (as advised by Wilson in his lecture on Eczema) was prepared for him. The protiodid. hydr., in the form of pills, the $\frac{1}{8}$ to $\frac{1}{6}$ of a gr., three times a day was substituted for the others. In this course he continued for some weeks, gradually improving, and as his general health advanced, his hands resumed their natural color and appearance.

Scabies was seen occurring in two or three of the same family. It assumed different forms and varieties, sometimes well marked with distinct and acuminated vesicles. At other times, it was complicated with Lichen, Eczema, or Impetigo, making its diagnostic signs very obscure. The treatment was generally tedious, but yielded to sulphur internally administered, and Biett's ointment, composed of sulphur and carb. potas. Dilut. sulphuric acid, two or three drops given twice or three times a day, was often of service in children. The hydriodate of potash ointment proved to be an excellent application in a few cases. Simple baths were recommended to these patients, three or four times a week.

Of the Herpes there were three of H. Zoster, one of H. Labialis, and the remainder were of the species H. Phlyctænodes and H. Circinnatus. A young female was seen and attended during the progress of a Herpes Zoster, and being of a delicate constitution, she was put upon a course of tonics, and the most soothing applications employed; but notwithstanding the course pursued, the vesicles terminated in ulcerations extending over her breast (which had been the seat of the eruption) giving her considerable pain. The part was dressed repeatedly with stramonium ointment, and a continuance of the tonics recommended, which, after some little time, produced a favorable resutl.

Twelve cases were entered bearing the marks of Pemphigus; although not seen in the early stages of the eruption, yet sufficient signs were observed to allow of their being arranged in this class. The resemblance to Impetigo and Ecthyma often confounded them with those diseases. Young boys, with constitutions impaired by previous disease, or affected by some hereditary complaint, appeared to be the most common subjects of it. No affections yielded better than these to the preparations of bark or iron, especially the iodide of iron.

The cases of Rupia were of no special interest, not having been seen often enough to know the result of the treatment.

It will be seen that Impetigo forms a large proportion of the cases; and, like the Eczemas, attacked the head and face of children. Many adults, however, especially females, were included in the number of those affected by this complaint; as a general rule it yielded better to medicines than others. Disordered bowels, or some derangement of the digestive organs, were found in many instances to exist, and remedies addressed to them, resulted in a favorable change. There were several cases that occurred in young females, which proved somewhat obstinate, one of which will be mentioned. A young girl, 15 years of age, of strumous habit, had several pustules break out on the top of her head, preceded by redness and burning two or three days before. Her hair was ordered to be cut close to the head, she was put on a strict diet, and poultices were constantly applied; but notwithstanding, the pustules became more numerous, ran together, and a greenish yellow fluid oozed from the sores, which formed into scabs. She had been laboring under dyspeptic symptoms for some months. Was first put upon small doses of calomel, rhubarb, and soda, which she continued for a week, and which seemed to produce some effect upon the disease—the discharge not being so great, but in other respects not much improved. Various ointments and washes, as well as internal remedies, were employed for a period of three weeks, without any marked change. It was then noticed that her system began to be seriously affected by the constant irritation of the eruption. She was recommended the hydriodate of potash with sarsaparilla, and an ointment was prepared for her of ox. zinci and ung. picis. From the time she commenced the use of these, she began to improve, and in three weeks more was entirely restored. The ointment mentioned above has been frequently used in private, as well as Dispensary practice, and found to be one of the very best applications in affections of the scalp with discharge. It was used of the following strength: ox. zinci impur. ℈ij , ung. picis ℥j.

A variety of eruption was met with in children following vaccination, which generally exhibited appearances resembling Impetigo, although other forms were seen to result from it. By the parents it was usually ascribed to the introduction of impure matter. Physicians are, oftentimes, highly censured for this unfortunate occurrence, but unjustly so. Several causes may exist in the system about the period when vaccination is performed, such as derangement of stomach and bowels, dentition and hereditary tendency to eruptions, which predispose them to these diseases, and which any irritation of the skin will develope. A great number of children were vaccinated with the same virus which was used in these cases, and no such result ensued. Out of two hundred vaccinations in private practice, only four were affected with eruptive diseases, and in these either the skin was pre-occupied by an eruption which, at the time, was unobserved, or there existed an hereditary predisposition to them.

The cases of Porrigo were so very irregular in their attendance that all interest was lost in them, and it is doubtful whether they were true porrigo. The diagnosis is so perplexing in these cases, that they require to be seen many times before any degree of certainty can be entertained with regard to them.

Among the other pustular affections, there were cases of Ecthyma, which occurred in children of bad constitutions, and yielded to courses of alterative tonics—such as the iodide of iron, and preparations of bark, &c. There were likewise a few cases situated on the hands, produced by the application of irritating substances. One or two cases of acne rosacea, which seemed to resist all kinds of treatment; one of acne punctata, which was cured by the iodide of sulphur ointment, alteratives, and strict diet; several of acne simplex; and two of sycosis.

Several different species of Lichen were seen; the simple form (Lichen simplex) was invariably cured by remedies addressed to the digestive organs which were usually impaired, and by the application of an ointment almost a specific, suggested first by Dr. Crane (formerly of the Dispensary), composed of nitrate of bismuth ʒij. ung., nit. hydr. ℥j., axungæ ℥ss.

Lichen urticatus and circumscriptus, were the ordinary forms, besides the one first mentioned, which were observed and proved the most intractable. A colored woman, 60 years of age, presented herself at the infirmary with the external surface of the arms and legs covered with an eruption. The skin was rough and thickened, hard and resisting to the touch. No patches or papulæ appeared, but the surface was uniformly elevated. Very fine scales would fall from the part when rubbed, and was attended with intolerable itching. Several physicians saw the case, who thought it one of Psoriasis; Dr. Bulkley, who also saw it, considered it Lichen circumscriptus; although somewhat obscure, yet the excessive itching and general roughness were, he thought, almost certain marks of this form of eruption. She was ordered pills composed of the sulphuret potash, rhei and ipecac, with alkaline baths and lotions of the sulphuret of potassa. Under this treatment she continued for two months, at the end of which period her symptoms were much improved, the skin being in some places soft and quite natural, and the itching in a great degree diminished. From some cause she discontinued her visits. The sympathy between the skin and digestive organs was exhibited in some of the local forms of this disease. A case of chronic Lichen of the hand was cured by overcoming a congested condition of the liver; and one of Lichen circumscriptus, situated in the popliteal space, by remedies which relieved acidity of the stomach.

Some of the cases of PRURIGO were benefited by an ointment recommended by Dr. Bulkley, composed of nit. bismuth, ung. citrin. and ung. picis. This disease is always difficult to relieve.

The squamous affections were longer under treatment than any others, resisting almost every remedy externally applied or internally employed. In young subjects medicines were found to exert some influence upon the disease after long continued use; but the advanced in life were scarcely ever benefited, especially when affected with Psoriasis. Constitutional predisposition could, in some instances, be traced; but on the whole the causes were rather obscure. P. palmaris in three cases was cured by the vapor douche; and the ointment of iodide of sulphur, increasing it gradually from 12 up to 20 grains, to zj.lard. Leeches were applied in one case, followed by tartar emetic ointment, as proposed by Rayer, and were of service. A young girl, with P. guttata, was nearly cured by the continued use of Tinc. Cantharides, for a considerable period, but unfortunately it returned again, and she is now going through the same course with advanage.

There were cases entered as those of LEPRA; but from the close similarity, amounting almost to identity with Psoriasis, the two were frequently confounded.

There were two varieties of PITYRIASIS, P. versicolor, and P. capitis. A case of the former, in a young girl, was cured by a wash of the carb. potas. made with very warm water, and directed to be applied to the discolorations frequently. The sulphuret of potas. was also found to be an excellent application. The digestive apparatus is more or less deranged in these cases, and medicines are required to improve them. Children with P. capitis were benefited by stimulating washes and ointments of the iodide of sulphur, or nitrat. hydrarg. The good effects of our remedies were oftentimes counteracted in these cases, by the constant combing which mothers persist in subjecting their children to, with a view to remove the dandruff, which keeps up a continued irritation of the scalp and aggravates the disease.

The PURPURA seen at the Infirmary, were of no particular interest; but a case of Purpura Hæmorrhagica may be related, as it furnishes some little instruction, although not belonging to this report. A child four weeks old had a few small patches of a livid color, somewhat resembling flea bites, scattered about on the legs and arms. The skin appeared puffed out and full of blood, so that pressure upon it would leave a mark for some considerable time after. A slight scratch on the face had bled so freely as to alarm the mother; accompanying these symptoms was a hemorrhage from the kidneys. The pulse was rather fuller than natural. In every other respect, the child was healthy. The only treatment adopted was (after the bowels had been freely evacuated by medicine) mur. tinc. of iron, two or three drops three times a day, in a little mucilage, which gradually lessened the bleeding, and in four weeks the eruption had disappeared, and the skin became of a white and natural color. The mother stated that a former child, when about the same age, had bled so profusely from the gums as to defy, for several hours, the most powerful styptics.

SYPHILITICÆ. Many cases presumed to belong to this order were witnessed, but from the most positive asseverations of our patients (which in many instances we are obliged to believe), together with obscurity in their symptoms, we could not enter them as such. The twenty included in this class, however, were too characteristic to be disputed. Six were in infants, and fourteen in adults. The forms of this malady met with in adults, were papular, squamous and exanthematous, the former being the most common. Our treatment was in accordance with age, condition, temperament, and duration of the disease. With some, mercury was found to be wholly inadmissible, and with others absolutely necessary. Hydriodate of potash was more to be relied on than any other remedy, from the fact that the subjects of this disease were of bad constitutions, debilitated by intemperance or long continued vices. Iodide of iron also, in patients of strumous habit (particularly children), was of the greatest service. The preparations of mercury were resorted to only in constitutions comparatively robust, and not broken down by the disease. The protiodide of mercury was always preferred, except in cases of children, where the hydrarg. cum cretâ seemed to answer a better purpose. These remedies, assisted by the compound decoction of sarsaparilla, formed our general plan of treatment.

A man had a squamous eruption on his forehead and face, the result of syphilis. He suffered two years the most excruciating pain in his head, and labored under other symptoms. He had tried every preparation of mercury without any beneficial effect, and the only article that relieved him was hydriodate of potash in five grain doses, on discontinuing which, the pain and eruption would recur.

A female had patches of a scaly eruption on her legs which resembled psoriasis, accompanied with rheumatism, and had gone through several courses of mercury without any advantage whatever. She was benefited by hydriodate of potash, and the last time seen, was greatly improved, the eruption having disappeared in a great measure, and the rheumatic pains subsided. These two cases had been under the influence of the venereal poison so long, that no hopes of an entire cure could be entertained.

An aged female, with the papular and pustular form combined, was cured by pills of protiodide of mercury, continued for three months, alternated at times with hydriodate of potash and sarsaparilla.

One case of the disease in a child will close this report. An infant two months old came under our observation, presenting the following symptoms. She was very small, emaciated and feeble, head large in proportion to her body, scalp without hair, smooth and shiny, the back corrugated, maculæ, of a circular shape and coppery hue, visible on all parts of body, the voice hoarse, and the peculiar expression of old age on the countenance. The mother furnished no positive evidence of having had the disease, except that she had given birth to two still-born children in succession. Two grains of hydrarg. cum cretâ with one-sixth of a grain of ipecac. three times a day, and continued without intermission for six weeks, when sarsaparilla was directed, constituted the only treatment. Six months after, the child was brought to the dispensary to be vaccinated, entirely restored, and looking fat and healthy.

ART. III.—*A Case of Tumor in the Neck, with Remarks.* By J. P. BATCHELDER, M. D., New York.

IN the winter of '42, Mrs. R., a lady of Utica, in this state, where I then resided, consulted me in regard to the propriety of an operation for the removal of a tumor of great size in her neck, which by pressing upon the trachea, œsophagus, blood-vessels and nerves, caused much difficulty of breathing and swallowing, and otherwise so disordered her general health, as to impress her with the absolute necessity of its removal, in order to save her life. Having made its appearance some eight or ten years ago, between the trachea and right sterno-cleido mastoid muscle, near the thyroid gland, it was considered by the medical gentleman who then examined it, to be a goitrous enlargement of the right lobe of that gland; a mistake in diagnosis which would have been prevented by a knowledge of the fact that bronchocele always involves the whole gland, or at least both lateral lobes, a fact which should never be lost sight of in diagnosing tumors in that region; and besides, from the lady's account, this tumor was, from the beginning, firmer than goitre ever is. To settle the question propounded, as well as to fix on a proper and judicious plan of operation, should that measure be decided on, it was necessary to form a correct judgment of the nature of the tumor, and its relations to, and connections with the important parts in its vicinity. First, then, what is its nature? is it solid? fluid and encysted? aneurismal? malignant? From the general evenness of its surface, and its extending laterally so far in each direction, it was inferred that it was not solid; but from its communicating to the ear, with or without the stethoscope, that peculiar sound which it is believed is commonly, if not always, perceptible in all tumors containing a fluid, when situated upon or in contact, but not in connection with arteries, and which consequently corresponds with the action of the heart, or rather with that of the arteries concerned, it was supposed to contain a fluid; and therefore encysted. If so, what was the character of the fluid? Was it blood? That it was not aneurismal was inferred from the fact that it had never pulsated. Although there was communicated to it a sort of thrill, from the action of the arteries with which it was in contact; yet it did not in the least dilate and contract synchronously with the diastole and systole of the heart and arteries, a mode of pulsation peculiar to aneurismal tumors,* which distinguishes them from those that pulsate, or rather move simultaneously with the artery with which they are in contact; a sort of pulsation in which there is no dilatation. This kind of pulsation seemed to obtain in the tumor under consideration, although it was not very apparent, probably on account of its being bound down so firmly by the deep fascia, and also from its magnitude. It was in truth so slight, as not to be readily recognized without considerable attention. Auscultation also confirmed the opinion that it was not aneurism; besides compression had no influence on its bulk. That it was not deemed to be goitre, may be inferred from what has been said relative to the opinion expressed by the practitioner first consulted. Was it malignant? Although firmer than bronchocele, it lacked that woody hardness, and those inequalities and pains which characterize malignant tumors; and moreover the general appearance of the patient did not furnish the evidence of that constitutional change, which is so commonly associated with such affections, if of long standing. Indeed, its great size seemed to be of itself sufficient to preclude the idea of malignity. The result proved that the opinion, perhaps I ought to say conjecture, that it was an encysted tumor, was correct.

Secondly: What are its relations to, and connections with, the important parts in its vicinity? To solve this question, its topography and dimensions should be defined? In its growth, which had been gradual for some eight or ten years, it had extended downward to behind and below the upper end of the sternum; then laterally under, or rather behind the sternal extremities of both clavicles, extending about an inch and a half along the right, towards the shoulder, behind of course the origin of the clavicular portion of the mastoid muscle, from which point it extended upward, along and behind that muscle, to within an inch of the mastoid process, pushing the right common carotid so far back, that it could be distinctly traced by its pulsations nearly if not quite its whole length, along the posterior margin of the aforesaid muscle. When the head was placed in its natural erect position, there was only room enough to lay the forefinger snugly between the tumor and the lower jaw. It had pushed the larynx and trachea to the left, so that they could be just felt under and a little anterior to the inner edge of the left mastoid muscle. Its relation to the innominata, right common carotid, trachea and larynx, may be inferred from the description just given. To what parts did it adhere? To the innominata? Probably not, for it could be pushed a little upward, and besides it followed, in some slight degree, the motions of the trachea in deglutition;* therefore it adhered to it, and perhaps to the œsophagus; but not to the artery. Did it adhere to the right common carotid? This was rendered probable, from the fact, that when the tumor was pushed toward the left, the artery appeared to be carried along with it under the mastoid muscle, so far that its pulsations could not be felt along the posterior margin of that muscle. This might, however, be owing to the elasticity of the artery bringing it back to its natural position when the pressure of the tumor was removed, and therefore could not be conclusive in favor of adhesion to the artery. What was its relation to the nerves? There were no particular feelings or symptoms, by which its relation or connection with the par vagum, the sympathetic, or either of the laryngeals, could be inferred, if we except a slight change of voice and the occasional nausea and dyspeptic symptoms, which were somewhat troublesome, and now and then referrible to pressure or irritation in the neck, as the patient herself thought. What was its relation to the mastoid, omo-hyoid, sterno-hyoid, and sterno-thyroid muscles? That it lay behind the omo-hyoideus was inferred from the fact, that it seemed to be divided into two unequal portions or lobes, as well as bound down by a line or indentation running obliquely upward and inward in the direction of that muscle. That it lay under the sterno-thyroid and sterno-hyoid was to be inferred from the fact, that the lower portion or lobe of the tumor was considerably flattened; that the finger could not be pushed downward and backward behind the sternum and clavicle; and also from the additional fact, that when the finger was in this position, if the patient was directed to swallow, the attempt was exceedingly difficult, and these muscles could be pretty distinctly felt contracting and raising the finger upward and forward. What arteries might we encounter in the operation? The innominata and right common carotid, from their relation to the tumor as detailed above, must be kept in view and avoided if possible; if not, we must be prepared to tie them. The superior and inferior thyroid arteries, or their branches, would probably have to be tied and divided, while the cervicales, transversalis humeri, and transversalis colli should not be forgotten, although it was hardly to be expected that they would be interfered with. What is its relative position to the fasciæ of the neck? If the conjectures concerning its relation and connection with the omo-hyoideus, sterno-hyoideus and sterno-thyroideus were correct, the tumor must certainly lie behind the deep fascia. This fascia bound the tumor down, and gave it that firmness which precluded all perceptible fluctuation, and made it feel so much like a solid mass.

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* When a large artery, as the common carotid, passes directly through a tumor, of which I have known several instances—in one of which the common carotid was tied, under the supposition that the disease was an aneurism, by a very distinguished surgeon of this city, long since dead—this diagnostic symptom cannot be fully relied upon.

In view of all these considerations, and after repeated and critical examinations and much reflection, its removal was deemed to be within the range of surgical possibility, and the following plan of operation was sketched, and in fact written out.

Make an incision along the inner edge of the right sterno-cleido-mastoid muscle, commencing a little below the sternal extremity of the left clavicle, and terminating within an inch of the point of the mastoid process, and another, should it be found necessary, at right angles with the first, running obliquely upward and outward, across the neck, and terminating opposite the thyroid cartilage, which, with the trachea, was pushed quite to the inner edge of the left mastoid muscle. As the tumor can be slightly moved in the lateral direction, especially when the muscles are relaxed by bending the head forward, it is to be hoped that this latter cut may be dispensed with, which hope was realized. It is also hoped that the attachments of the tumor may be so loose, that it may be drawn out from under the sterno-hyoid and sterno-thyroid muscles; but if this cannot be accomplished, they must be divided, particularly on the right side. By the first incision, which is to be curved inferiorly towards the right, the tumor is to be laid bare in accordance with a rule of surgery, which, if I rightly remember, was first distinctly laid down and promulgated by Sir Charles Bell, and afterwards reiterated and enforced by Dr. A. H. Stevens, of this city. It is a rule of so much importance, that even in the removal of tumors, small and unimportant in themselves, or from their location, it should never be neglected; but when we have to deal with those of large size, and in the vicinity of parts essential to life, it is of priceless value. By following it to the letter, there are very few tumors within the reach of legitimate surgery, which may not be removed with safety. Having fairly exposed the tumor, keep close to its surface, and commence the dissection for its detachment and removal, on the side where it receives its supply of blood, for if we dissect, divide and tie, or what is much better (and which, in many instances, can readily be done), tie first and then divide the arteries which furnish the supply of blood, the subsequent dissection will be comparatively bloodless; whereas, if the reverse of this rule be followed, and the dissection begun and prosecuted on the opposite side, there may be a constant straining of blood through the tumor which may not only impede the operation, but endanger the life of the patient.* By observing this rule, I have often removed large tumors from the neck and axilla, with the loss of only a few ounces of blood. Through the whole operation, care must be taken to prevent the admission of air into the veins, experience having proved the necessity of this caution, especially in operations about the neck; therefore we shall avoid if possible, if not, divide the larger and deep seated veins, as high up, and as far as may be from the clavicle, it being known that the veins in the vicinity of bones are less apt, when cut, to collapse, than when otherwise situated; and furthermore, it is always desirable not to divide a vein of much size during inspiration, as those vessels then appear to exercise a sort of suction by which blood is drawn to the heart, and air likewise through a wound in their coats. In this way, the admission of air probably always happens. Make compression on the vein between the point of division and the heart, and also on the distal side if convenient. Some of these precautions may not be at all necessary; still, as it will cost nothing to observe them, they will not be neglected. When life is in danger, leave as little as possible to chance. Lastly, if the tumor lie under the deep cervical fascia, make an incision through that membrane, at the point where the omo-hyoideus emerges from beneath the sternal portion of the mastoid muscle, as there the mastoid, omo-hyoid and the fascia, all seem to coalesce and adhere to one another, and besides, there the omo-hyoideus is tendinous, and therefore readily recognized.*

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* This up and down movement of a tumor in the act of deglutition, is a circumstance upon which I have been in the habit of attaching considerable importance, when endeavoring to determine the propriety of an operation for its excision.

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* I believe this idea, among many other valuable suggestions, was also derived from Dr. Stevens, who, by his bold and brilliant operations and judicious observations, has contributed much to the honor and advancement of American surgery.

Operation.

Pressure was made on the side of the tumor, next the clavicle, by which it was ascertained that the external jugular ran over the tumor, very nearly in its natural relative situation, and consequently directly across the line of the intended incision, through the integuments and platisma myoides. In making this incision, the external jugular was therefore compressed on the proximal and distal sides. Beneath the platisma myoides, was a thin layer of muscular fibres, almost exactly resembling the platisma, except that the direction of its fibres was such as to decussate obliquely those of the latter muscle. We were puzzled for a moment what to make of it, but soon discovered that it was the sternal portion of the mastoid muscle itself, the anterior edge of which had been retained in its place, by adhesion to the omo-hyoideus, which adhesion had been made stronger than natural, by the pressure of the tumor, while the clavicular and posterior margin of the sternal had been pushed back by the enlargement of the tumor, so as to produce this attenuated layer of muscle. It was thought best to divide this layer obliquely, upward and backward, rather than directly across, by which more room was likely to be obtained, and it was thus divided and dissected from the tumor, which now appeared to be fairly exposed, and had this supposition been acted on, no one can tell what consequences might have ensued; but from the circumstance, that the tumor had not been much loosened, and from the anatomical relations of the part, it was inferred that the deep cervical fascia had not been opened. By placing the point of the finger upon the tumor, and moving it in various directions, this inference was immediately converted into a demonstration, for the finger manifestly carried with it a substance, which intervened between it and the tumor, and which constituted its immediate covering, a portion of which was pinched up by the dissecting forceps, at the side of the tendinous part of the omo-hyoid (the point alluded to in the plan of the operation), and an opening scratched into it large enough to admit a director, and the muscle, with a portion of the fascia, divided with the bistoury. In the same manner, the incision was prolonged upward and downward, and the tumor, through its whole length, fully and fairly exposed. The finger was now introduced into the opening in the fascia, and the tumor explored, when the necessity of dividing the right sterno-hyoid and sterno-thyroid muscles was apparent, which constituted the next step of the operation. As no pulsation could be seen or felt, it was concluded that no anomalous artery would be encountered, and the muscles, with the deep fascia, were divided obliquely downward and inward, and the divided extremities dissected upward and downward and turned back from the face of the tumor, a part of which was thus quite exposed. In making the incisions through the various coverings of the tumor, they were raised upon the director, and the part lying over the groove attentively examined, before applying the knife, lest blood-vessels, or perchance a nerve of some consequence might lie in its way.

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* This is the place which furnishes the best starting point for dissecting that fascia, and also the best landmark for the surgeon, while dealing with it in the living body, especially when tying the common carotid, as well as in the extirpation of deep-seated tumors.

Now came the time for the application of the rule, dissect, tie, and divide the arteries that nourish the tumor, which, as has been suggested, were probably branches from the superior thyroid, possibly from the inferior thyroid also. As there was as yet very little bleeding, it was thought best to deviate from the plan and proceed to detach the tumor from its inferior connections, which was readily done with the fingers and handle of the scalpel. The portion of the tumor that occupied the lower part of the neck was turned up and the parts behind examined, by which it was pretty well ascertained that the inferior thyroid artery had no material connection with it. The thyroid gland itself seemed to be wanting. The work of dissection was now commenced in good earnest on the upper and right side of the tumor, where we expected to find the main trunk of the superior thyroid artery, or its branches going to it, which were to be tied previous to their division ; it was, therefore, carried on with a view to that object ; two or three arteries were secured and divided. The next step was to separate the tumor from the larynx and trachea, and also the œsophagus, with which it must be in contact, whether that tube remained in its natural situation, or had been pushed with the larynx and trachea to the opposite side of the neck, under the left mastoid muscle. By dividing a few fibres of the deep fascia by which the tumor was bound down to the part beneath, the handle of the knife, and then the finger, was insinuated under it, and passed upward towards the left, quite to the trachea, which could be distinctly felt. The finger or handle of the knife was now brought round to, and partly over, the upper and anterior surface of the tumor, detaching a portion of the fascia, which seemed to run up on to, and partly over its anterior face. By an occasional touch of the knife, this layer of the fascia was entirely detached, when it was discovered that a firm fleshy mass, very much resembling muscle, formed the connecting medium between the tumor and the larynx and trachea.

By some further dissection with the edge and handle of the knife, this mass, which might have been a remnant of the thyroid gland compressed and absorbed, was completely insulated, and by drawing the tumor downward and thrusting the fingers between it and the substance in question, the latter became so attenuated that we were convinced that it contained nothing of importance ; it was, therefore, divided by a single stroke of the knife, the edge being kept in close contact with the surface of the tumor, which was now entirely removed from the bed in which it had so long been lodged, and occasioned so much suffering and misery. The cavity was cleansed and minutely examined, when it was found that the arteria innominata had been laid bare nearly its whole length, and also the right common carotid almost to its bifurcation. Both could be traced by the finger, as was proved by myself and the other gentlemen whose curiosity led them to feel the pulse in the innominata and primitive carotid. Either could have been tied with no great difficulty. The larynx, and all the trachea above the sternum, had been denuded. The sides of the wound were brought together and retained by sutures and straps ; a pledget of lint was inserted into its lower angle, in order to prevent its healing by the first intention, and thus afford free egress to the matter which would be necessarily secreted in considerable quantity, and might otherwise collect in the cavity behind the sternum and clavicle from which the lower end of the tumor had been removed. To secure this object the more effectually, and prevent the gravitation of pus behind the sternum, recourse was also had several times a day to an exhausting syringe, to which was affixed a curved pipe with a bulbous extremity. In this way, or with a gum elastic catheter, substituted for the metallic pipe, the burrowing of matter may be prevented in deep-seated abscesses about the neck, pelvis and hip. The cold or tepid water dressings were applied for several days. The patient recovered completely in a little less than four weeks, and has remained sound ever since. She bore the operation, which lasted about twenty-five minutes, with great fortitude. Drs Rathbun and Hurlburt, and several other medical gentlemen residing in the city of Utica, assisted. The tumor was encysted.

I have been more particular, in giving the details of this case and operation, because it involves some grave considerations which relate to the surgery of tumors in general, as well as some that are peculiar to the treatment of those which occupy the side of the neck; and because it may lead junior practitioners to consider how much thought, investigation and calculation, a single operation is capable of imposing upon the surgeon, whose solemn duty it is, "in the deep silence of meditation," to hold frequent and anxious converse with himself, before he undertakes an operation which may jeopardize life. Many cases do, however, present themselves, in which it is impossible for him to avail himself of this kind of preparation; and moreover, in the performance of great and difficult operations, circumstances will not unfrequently occur which no foresight or precaution will enable him to avoid or anticipate, to meet which he must poise himself upon his own magnanimity, and coolly, but promptly bring the general principles of his art, with which his mind should be well stored, to bear upon the exigencies and anomalies which may be thus suddenly and unexpectedly forced upon his attention.

83 *Chambers St., June 1st.*

ART. IV.—*Indigenous Medical Botany.* By STEPHEN W. WILLIAMS, M.D. Deerfield, Mass.

To the Editor of the New York Journal of Medicine and Surgery:

DEAR SIR—Perceiving my name in the last number of your Journal, among the list of announcements for articles for the coming number, and wishing to be punctual in the fulfilment of my engagements, I am induced to send you a few more remarks upon some more of our vegetable astringents, which are found growing here in great abundance. In this class of vegetables, we have some as valuable as are to be found in any part of the world, and, among the rest, but few are more efficacious than the Geranium maculatum, Spiræa tomentosa, the various species of Trillium, Quercus, and very many others, which time will not permit me to enumerate, although I have notes upon the most important of them.

In this paper I shall confine myself principally to a few remarks upon the Erigeron, or Fleabane, and more particularly to the ERIGERON CANADENSIS, or Canada Fleabane. I do this the more freely, as but few remarks have been made upon the medicinal qualities of it, by any writer on the Materia Medica. It is hardly mentioned by European writers, and, until recently, it has been overlooked by American Medical Botanists. It is not mentioned by Salmon, who has a little of almost everything, unless the genus Conyza means the same thing; Culpepper, Pereira, the Eclectic Dispensatory, Paris, or any other European writer, to which I can now refer, except Lindley, who just refers to the genus Erigeron. It is much thought of by some of the steamers, as almost a specific in the cure of Dysentery; but it is not on this account that I am endeavoring to direct the attention of my medical brethren to an investigation of its medicinal virtues.

One of the first writers who presented the claims of the species Canadensis to the profession in America, was Dr. Cornelius De Puy, of New York, in the Transactions of the Physico-Medical Society, of New York, published in the year 1817, with an elegant engraving. Since then Rafinesque, in his Medical Flora, 1828, has treated elaborately upon the species Philadelphicum. These two works are not generally seen by our professional brethren, and I take great pleasure in referring to them. Other writers, such as Coxe, the Bartons, Bigelow, Thacher, A. W. Ives, &c., have referred to it, but are less full upon it.

The genus Erigeron (from *er* the spring, *geron*, an old man, because in the spring it has a white, hoary blossom resembling grey hair,—Mr. Lindley) belongs to the eighteenth class and second order of Linnæus, and to the natural order Corymbiferæ, or to the Arteraceæ of Lindley. Forty-three species are known, or have been described in the world—and about fourteen in the United States. The *Generic Description* is thus given by Rafinesque.—Flowers compound, radiate; Perianth imbricated; Follicles subulate, unequal; Phoranthe naked; Rays lingulate, linear, entire, numerous, pistillate; central flowers of the disc tubular, complete, or staminate, five-toothed; seeds oblong, crowned by a single pappus.

Specific Description of Erigeron Canadensis.—Leaves linear, crowded, entire, lance-shaped, the lower ones serrated; flowers in panicles, stem somewhat hairy. Found about old pastures and by the roadside, in all parts of the country. Indeed, it is a great pest to our farmers, in some of our fields. It is a weed possessing no beauty, but it is not the less useful as a medicine on that account. Like many of our common plants, this has a great variety of names among the common people, such as Skevish, Cocash, Fire-weed, Whippey-wog, Canada Fleabane. The last is the true English name.

Three species of Erigeron have somewhat similar properties, viz., the Erigeron Canadensis, E. heterophyllum, and the E. Philadelphicum. They are all astringent, diuretic, emmenagogue, and tonic. The Canada Fleabane is by far the most astringent, and has recently been introduced into practice in dysentery and diarrhœa after the inflammatory symptoms have subsided, and in other cases requiring the use of astringents. A chemical analysis of it, according to Rafinesque, shows it to consist of Tannin, Amarin, Extractum, Gallic acid, and an essential oil, which he says is peculiar, and fluid as water, with an acrid taste, and a smell resembling that of a lemon, though somewhat stronger. He thinks that it holds in solution Acrim, or a peculiar substance, Erigerim. From this analysis, it must be evident that it is one of our purest and most valuable astringents; and this seems to be the opinion of many of the learned in our profession, as well as the unlearned. It was the favorite styptic of one of the most singular men with whom it has been my fortune to come in contact, though that contact was but of momentary continuance. In connection with this plant, which I believe was his hobby, I hope I shall be pardoned for a little digression from my subject. Not a long while ago, there appeared on the outskirts of our meadows a man, apparently sixty years of age, with long, bushy, white beard, and long shaggy hair, white with age. He was accompanied by his wife, a woman about thirty years of age, and an infant of two years. They were in a red-box wagon, with a large chest, and some articles of furniture, drawn by two horses, one of them the merest skeleton that ever stood on four legs. In this plight they wandered about the border of the town several days, inquiring for a room to locate themselves for a few weeks, which they soon after obtained. The man was lame, and it was with difficulty that he could get in and out of the wagon. He was frequently seen in our meadows holding his horses, while his wife was in the field, digging roots. He was the author of a book, entitled "Steward's Healing Art, Corrected and Improved by the original hand. With an Appendix of all his late improvements and new discoveries, both in Physic and Surgery. To which is added a concise Herbal, &c. By Dr. William Steward, D.D. Saco, Maine, 1827." It appears, by his own account of himself, that he was once a Predestinarian Baptist Preacher, that he became lame, and relinquished the practice of preaching for the practice of physic. He pretended that he received the *gift* of the practice of physic directly from God. "In this way, and from this source," he says in his introduction, "the author received his gift, skill, and authority to heal the sick, as much as I did to preach the Gospel of Jesus Christ (as may be seen of the manuscript of my life). Hence, being prepared by a gift in nature for this special gift of the God of nature, I immediately officiated in the practice of physic, without ever reading or studying a medical author. Thus I continued for five years in the practice with great success, before I ever saw a book upon physic; neither had I ever entered a house of learning after I left my cradle, neither have I ever seen the inside of an academy or college in fifty thousand miles' travel in the United States of America. And in all this travel, for thirty years past, I have never met with so much as one individual rival in my practice; and I presume to think that I have administered medicine to more patients in number than any ten doctors in the States, for the same term of time. Neither have I had the misfortune to lose over five patients in all my practice, to whom I gave encouragement of recovery. But, notwithstanding the universal success I have had in my practice, there is now and then, and here and there, an upstart sprout among the giddy youth, that may with propriety be called artificial band-box quacks; some few, I say, of this description will, at the present day, insult Dr. Steward with their slack twist, to whom I reply as Ahab did to Benhadad, when he insulted him: 'Let not him that girdeth on his harness, boast himself as he that putteth it off.'"

In another part of his work, he says that he has owned two large, well-executed anatomies of the human frame, and has studied Latin enough to understand them; that he has owned a great many authors upon medicine, surgery and midwifery; that he has seen thirteen editions of Buchan, and seven of Dr. Solomon's work; that he has an opportunity of perusing eighteen volumes and two supplementary ones of the Encyclopedia; that he has seen half a cord of medical authors, all in one pile; that he has perused Culpepper's Herbal, and Dr. Henry's Herbal, with and without the vegetable plate, which costs seven dollars." Notwithstanding all this, he is still a "*natural doctor*," and all others, from the time of Hippocrates, Galen, and Avicenna, are the real "*band-box quacks.*"

In addition to the book, he has a Herbal or Hortus Siccus, of the plants recommended in the work, with their common and many of the Indian names; for which he asks forty dollars. I have seen this Herbarium, and the plants are pretty well preserved. The novelty of this work, together with its connection with medical botany, and with this plant, is such that I presume my readers will excuse me for this curious digression.

Steward says of this plant, which he calls Styptic-weed, Mare's-tail, Pride-weed, Fire-weed,—and by the Indians called Whippey-wog,—that it grows naturally in burnt lands. "The leaves," he says, "should be gathered before flowering; dry them suddenly; strip the stalks, and save the leaves only; they are the best styptics in the world either for recent wounds, or internal bleeding, and might be most useful to stop blood when a limb is cut off" If all this is true, we shall have no further use for the famous Brocchieri Styptic, which came so suddenly into vogue, astonished the "natives" for a *very little time*, and then descended to the "tomb of all the Capulets."

In the years 1841 and 1842, epidemic dysentery prevailed in this town to a considerable extent. For a time, as with all malignant epidemics, it seemed to resist all remedies. In the chronic stage of it, this plant was used quite extensively and successfully, and by the common people it was considered almost a specific.

According to Dr. De Puy, in the Transactions of the Physico-Medical Society of New York, the Erigeron Canadensis was first introduced into the Alms-House in New York, in 1812, by Dr. Gilbert Smith, who was the attending physician there. A medical gentleman, who had noticed its efficacy, recommended it to him in cases of diarrhœa, when the usual remedies had failed of affording relief. Both the decoction and infusion were used with marked advantage then, in cases of diarrhœa. Some of the cases, however, were not benefited by it, but on examination it was found to be in consequence of the above preparations spoiling in warm weather. The infusion and decoction were considered to be improper forms of administration in diarrhœa, because the quantity of the fluid taken, had a tendency to counteract its beneficial operation. It was then thrown aside till the following year, when Dr. De Puy used the Extract and Tincture, with which he succeeded in curing the great majority of the cases in which they were administered. He states that, after proper evacuations, a few doses were generally sufficient to arrest the progress of the complaint, when it had become inveterate. Even in recent cases, without resorting to previous evacuations, although apparently indicated, he was equally successful as in chronic cases. Half an ounce of the tincture, in two doses, cured a friend of his immediately, without a resort to evacuations. But it is evidently improper to restrain the diarrhœa when the stomach and bowels contain vitiated matter. He says that six doses, consisting of one grain of the extract, completely cured one patient, sixty years old, of a distressing diarrhœa, with which she had been afflicted for two months, and by which she had been very much debilitated. While it lessened the frequency of the discharge from the bowels, it frequently, though not always, quieted the pain and griping attendant on the disorder. The tincture and extract almost uniformly increased the quantity of urine, and it very often operated as a powerful diuretic.

The oil of this plant has proved efficacious in arresting uterine hemorrhage. But, as I have said above, the astringent is not the only valuable property of this plant. It is a most useful diuretic, and has been used with success in cases of anasarca, gravel, and nephritis. All parts of the plant may be employed, either in the fresh or dried state, in infusion, decoction, or tincture. The extract is more astringent than the infusion, and the oil is more astringent than the extract. Rafinesque says that the extract and syrup have been successfully given in dry coughs, and in hæmoptysis, and other internal hemorrhages. Dose from five to ten grains of the extract. As a diuretic, the infusion, decoction, and tincture, are best. From a pint to a quart of the infusion may be taken every day; and he says that it will agree with the stomach when digitalis and squills will not. The tincture is made by digesting an ounce of the leaves in a pint of diluted alcohol. Dose from two to four drachms a day. In making the extract, the volatile oil is dissipated; but notwithstanding this, the extract is a most valuable preparation, if properly made. De Puy says that if the decoction be preferred, it should be made with milk. One ounce of leaves to a quart of milk, makes a pleasant drink, which is readily taken even by children.

I have intentionally selected this article, for the purpose of laying it before your readers for their investigation. If it should prove successful in their hands, as I hope it may, it will be worthy of a distinguished place in our indigenous materia medica.

Another valuable astringent, which abounds in this country, and which is not much noticed by medical writers, is the

ALNUS SERRATULA, or common black Alder, Jag Alder, &c. Four species are found in the United States. Class twenty, order four. *Linn.* Natural order Betulaceæ. Found in the greatest abundance in the Northern, Western, and Middle States, growing by the sides of brooks, and more abundantly in marshes and places covered with stagnant water. It grows to the height of ten or twelve feet, and the size of the shrub, if it may be so called, and not a tree, is often two inches in diameter, though sometimes less. The leaves are of a beautiful green, glossy color, not far from two inches long, ovate, and distinctly furrowed on the surface, and double-toothed at the edge. In this climate, it often blossoms in March, before the snow leaves the ground.

Medical Use.—The leaves are bitter and astringent. When applied to the female breast they are said to repel the milk. Used considerably for dying brown, black and yellow, with different mordants. The inner bark of the root is emetic. It is owing to its astringent quality that a decoction of the tags or cones has been much used for the suppression of hemorrhage. A neighbor of mine was very much afflicted with hæmaturia, or voiding bloody urine for a long time, which threatened to deprive him of life. After trying almost everything else in vain, he resorted to a decoction of the cones of this plant, with the most perfect success. This was about eighteen years ago; and he now, at the age of eighty-five, enjoys most perfect health, and is as vigorous as a man of fifty. The bark has been used in intermittent fever, and the bruised leaves have been used as an external application in wounds and ulcers. It may be given in fine powder, or in strong infusion, or steeped in spirits. Used also in dyspepsia, and bowel complaints; it is likewise a good tonic.

Deerfield, Mass., June 8, 1846.

Art. V.—*Excision of the Elbow-Joint in a case of Caries of the Articular Extremities of the Bones*, by Gurdon Buck, Jr., M.D., Surgeon to the New York Hospital.

Barney Foley, born in Ireland, aged 25 years, a steamboat fireman of temperate habits and good constitution, was admitted June 6, 1844, into Ward No. 3, Marine Building, New York Hospital, with inflammation of the right elbow-joint, of nearly two years' duration, that originated without injury or other known cause, while engaged in his occupation as fireman.

The only previous ailment he remembered to have had, was stiffness with contraction of the right knee-joint, at the age of fourteen, which was relieved by blisters.

The present affection commenced with a swelling between the olecranon and the outer condyle, attended with stiffness and slight pain.

On being punctured, a glairy fluid with lumps of solid substance was discharged.

Patient has, with occasional interruptions, been able to use the limb, though the joint has continued stiff, and its motions have been impaired. Medical treatment has been employed for a year past, such as blisters and cupping, of which numerous marks are visible about the joint. Till recently, patient has suffered but little pain, and his general health has continued good.

On commencing my attendance, the 1st of July, the condition of the limb was as follows:—A uniform swelling involves the elbow, tapering off to the middle of the fore-arm below, and of the arm above, where the limb becomes small and wasted. The prominences of the olecranon and condyles, as well as the anterior fold of the joint, are obliterated. The swelling is formed by thickening and induration of the soft parts, the integument covering which, particularly over the posterior part, has lost much of its suppleness and mobility. Pressure over the olecranon and condyles causes pain. Synovial fluid is discharged from two openings, one of which is situated at the outer edge of the ulna, three fingers' breadth below the olecranon, the other at an inch above the inner condyle; the former leads to rough bone at the head of the radius, the latter, though it extends more than an inch inwards, does not communicate with exposed bone.

The habitual position of the limb is that of incomplete extension. A slight degree of flexion from this position is admissible, as well as partial pronation and supination, all of which are attended with pain. No sensation of roughness is perceptible in performing these motions.

The surface of the swelling is pale, the temperature above that of the rest of the limb. Two issues have been established near the outer condyle since his admission, and an attempt made to preserve the limb flexed at a right angle, it being the most favorable position in which to allow anchylosis to take place. This, however, had to be abandoned in consequence of the increased pain and inflammation that followed.

Patient's general health is good, pulse sixty-two, tongue somewhat furred, bowels good.

July 25.—Preparatory to the operation to be performed this day, the issues have been allowed to heal up. The swelling about the joint has rather diminished.

The upper opening extends two inches downwards and outwards, and now communicates with denuded bone.

At a distance of two fingers' breadth above the condyles, the os brachii appears to be uneven and enlarged. The patient's general condition continues favorable ; appetite good, and bowels regular.

Operation.

The tourniquet having been applied at the insertion of the deltoid muscle, and the patient placed in the recumbent posture, on his left side, with the head and shoulders elevated, and his back towards the operator, a longitudinal incision, six inches in length, was made over the olecranon, extending to an equal distance above and below it, and penetrating to the bone. The triceps muscle and tendon thus split, were raised towards the outer condyle, care being taken to keep close to the bone and avoid dividing the connections of the tendon with the aponeurosis of the fore-arm. The same course was pursued in the dissection toward the inner condyle, the ulnar nerve being drawn inwards to prevent its being wounded. The integuments and subjacent aponeurosis were next raised on either side, below the olecranon, the olecranon itself denuded, and more than an inch of this process removed with the amputating saw. The edges of the wound being drawn forcibly to either side, the articular extremity of the os brachii was detached from its connections by dividing the lateral ligaments and the muscles arising from the condyles, which allowed it to be projected from the surrounding soft parts, while a transverse section was made above the condyles, separating a portion of an inch and a half in length. The head of the radius was now ascertained to be rough and denuded, as well as the smaller sigmoid cavity in which it rotates upon the side of the ulna. The division of the annular ligament allowed the head to be cleared from the soft parts sufficient to excise it at its neck. An additional portion of the ulna, including the coronoid process and lesser sigmoid cavity, remained still to be excised, which was effected by carefully dissecting up the insertions of the brachialis anticus muscle as far as was necessary, and then making a section from before, backwards, with a metacarpal saw applied just below the coronoid process. The rough angular edges of bone were then pared away. Several ligatures were applied to small vessels, and the edges of the wound brought together with seven sutures, between which adhesive straps were applied, passing half round the limb.

The diseased parts presented the following appearances. A greyish, jelly-like substance covered the synovial surfaces, being most abundant where the synovial membrane passes from the bone and lines the ligaments.

This morbid product could be easily scraped off, and brought to view the spongy tissue of the bone, destitute of cartilage as well as compact outer shell. The spongy tissue thus exposed, was red and softened, and could easily be penetrated by the scalpel. Small patches of cartilage still remained at the margins of the articular surfaces, which were only loosely adherent to the subjacent spongy tissue, the exterior shell having been absorbed.

Between the outer condyle and the small head of the humerus, a deep ulcerated excavation, capable of containing a white bean, had been formed. The surface of the posterior fossa of the humerus, lodging the olecranon, was rough and bare. The articular surface of the ulna presented similar appearances to the os humeri, with two or three superficial excavations at the bottom of the greater sigmoid fossa.

The surface of the coronoid process and of the olecranon, as well as the inner margin of the sigmoid fossa, are studded with spiculæ of newly formed bony matter.

The head of the radius was more completely deprived of cartilage and bony shell than the parts already noticed, and their place supplied by a thick layer of gelatinous deposit.

After the dressing of the wound, the limb was placed nearly at a right angle, on a flat splint padded with cotton, with a joint at the elbow allowing it to move edgewise. By means of this splint the arm was suspended from the ceiling after the patient was conveyed to his bed. This arrangement afforded great comfort; the limb swinging clear of his body, allowed him to vary his position within certain limits, an advantage he could not enjoy in any other way, compatible with perfect rest of the new joint. Sixty drops tinct. opii were then given.

At evening, about five hours after the operation, the patient began to suffer severe pain in the elbow, and the wound appeared distended, with blood, which oozed from between the sutures. Thirty drops tinc. of opium, spirits mindereri ʒ ss., were ordered to be repeated every two hours.

July 26. Patient suffers less pain, swelling of the elbow has increased, with tension and slight lividity of the surface, oozing of blood continues, removed two sutures and an intermediate strap from the middle of the wound, and readjusted the bandages that had become too tight, pulse ninety-seven. Ordered light poultice of flax-seed meal.

At 6 P. M. Oozing of blood has ceased, complains of pain in the left hypochondrium, extending to the right side, no evacuation for forty-eight hours.

R Tinct. Opii gtts. xxx.
Ol. Ricini ʒ i.

At 10 p. m. to take his anodyne draught of Tinct. Opii gtts. xxx.
Aq. Menth. pip. ʒ ss.

July 27. Has passed a good night, general appearance is improved, free from pain in the abdomen, pain in the arm slight, serous fluid oozes from the wound, swelling is not increased, pulse ninety-four, soft, tongue coated with whitish fur, bowels still confined. R Infus. Sennæ comp.

July 28. Passed a good night after taking the same anodyne as the night previous, has had two evacuations following a laxative enema, pulse seventy-four; removing the dressings, the elbow appeared well, tension has diminished, swelling the same, reapplied only two adhesive straps, continued poultice.

29. Doing well, suppuration is commencing, five ligatures came away, omitted adhesive straps, continued poultice, bowels confined, pulse seventy-two, ordered Mistura Eccoprotica.

30. Pulse sixty-eight, one evacuation from the bowels, tension of the elbow still further diminished as well as redness of the surface, one ligature came away, and removed one suture from each extremity of the wound.

31. Doing well, bowels confined, pulse seventy-four, removed two ligatures, and the remaining sutures were removed ; ordered pil. cathart. three.

Aug. 1. Tension and redness of the elbow have disappeared, the three remaining ligatures came away.

3. Passed a good night, pulse 64, tongue is cleaning off and appetite returning ; union by the first intention is fully established, except the middle of the wound, which has been kept open to facilitate the discharges ; the suppuration is moderate and of healthy appearance, redness has entirely disappeared and swelling further diminished ; omitted poultice and dressed with simple cerate, and a bandage loosely applied ; allowed more generous diet.

Aug. 12. Continues doing well, suppuration has at no time exceeded one ounce in twenty-four hours, and has now almost disappeared. A slight synovial discharge escapes from the old opening, below the head of the radius. For two days past, patient has been allowed to walk about, with the arm supported on a splint in a sling. Gentle passive motion has been employed for about a week past.

21. Wound has nearly healed. Synovial discharge continues as already noticed; suffers no pain in the elbow from motion, nor is any sensation of rough bone perceptible. The new joint has acquired considerable firmness, and the extent of motion of which it is susceptible, is from almost complete extension, to an acute angle, allowing the hand to be brought to the mouth, and also a good degree of pronation and supination ; the latter motion patient performs without any assistance.

Sept. 17. Patient has gradually acquired the use of his arm, to the extent of being able to flex the elbow, and bring his hand to his head. A slight synovial discharge continues from two remaining openings ; for some time past has suffered from pain in the elbow, referred to the ends of the bones. No appearance of inflammation, or feeling of roughness, exists.

Complained for two days past of headache, sense of weight in the stomach, sickness and occasional chillness, with loss of appetite. Twenty-four hours after the onset of these symptoms, erysipelas showed itself at the elbow, extending half way to the shoulder above, and to the middle of the forearm below, tongue covered with a thick yellowish brown fur, pulse moderately accelerated ; ordered

Tart. Emetic.,	gr.	ij
Calomel,	gr.	x
Ipecacuanha,	℈	j

to be followed by comp. infus. sennæ; warm infusion of opium to be applied to the limb.

Sept. 19. Erysipelas is fading, patient free from fever, bowels confined, ordered Seidlitz powders every two hours till they operate.

The further progress of this case continued favorable, with unimportant exceptions. One or two small collections of matter formed near the elbow, but after being opened, discharged and soon healed.

The limb gradually acquired increased strength and facility of motion. The power of grasping bodies with the hand, which had been very much impaired by the disease, was recovered in a good degree; pronation and supination could be performed almost to the original extent; patient was able, unassisted, to raise the hand to the head, and could handle a broom in sweeping, carry half a pail of water, and perform other useful functions to his own great satisfaction. He was also sensible of progressing improvement in his limb. His general health was good; the only symptom of which he complained, was a stricture across the chest. He was discharged this day, Feb. 1, 1845, to return to his family at Buffalo.

Remarks. The reason for preferring, in this case, the operation with a single longitudinal incision, to an incision in the form of the letter H or to the crucial incision, more generally recommended by authorities, was with a view to preserve undivided the lateral connections of the tendon of the triceps with the fascia investing the fore-arm, which must necessarily be sacrificed by either of the other modes of operating. The important advantage of so doing was, that a point of action would be preserved for the triceps muscle,which might compensate in a good degree for the sacrifice of its connection with the olecranon. All the other essential objects of the operation, such as the preservation of the ulnar nerve, &c., were attained by this method, without any increased disturbance of the soft parts, or embarrassment in its several stages. The subsequent progress of the case could scarcely have been more favorable under any circumstances, and from the experience derived from this case, together with one reported in No. VIII., of New York Medical and Surgical Journal of April, 1841, in which the H incision was employed, I should be disposed decidedly to give preference to the method adopted in the present instance. Rather more time, perhaps, is required for this operation, but the great advantage already noticed should certainly be considered more than an equivalent.

The subsequent condition of the patient after the lapse of more than a year from the operation, was ascertained by my brother, Mr. Edward Buck, who at my request saw him, while on a visit at Buffalo, and communicated to me the particulars of his case in a letter of which the following is an extract:

Buffalo, Nov. 21, 1845.

"I found your man, Barney Foley. The doctors (I inquired of three) had a general impression, like yourself, that he kept a grocery near the water; for specific directions, I was indebted to an Irishman, who came shoeless out of a grog-shop. Barney and wife were very cordial.

"I made him go through the evolutions with his arm. I do not see but he can perform all the functions, viz., scratch his head, put his hand in his vest pockets (breeches of course), handle a knife and fork, carry a pail of water, write, but he is not gifted in raising weights, or in tying his cravat; but as he wears no collar except on Sundays, this is a small inconvenience. He has no pain in the arm or soreness of any kind, but when a storm comes on, the arm is weaker than usual.

"Shortly after he returned to Buffalo, there was a swelling, as you predicted there would be; he went to a doctor here, who told him that you had left a piece of the bone in the arm, and he would have to suffer an amputation after all. Barney thought this an insult to you, and went to another doctor, who punctured it. That answered the purpose, and his arm is now healed up and sound, though scarred. He strained it some time last summer, falling into the water and getting pulled out. Soon after the operation he had a stricture across his chest, but that has left him too."

No. 29 *Clinton Place*, June 11th, 1846.

Art. VI.—*Case of a Deformed Calf.* By G. C. Monell, M. D., of Newburgh, New York.

It is contended by many, that extraneous circumstances may so operate upon the imagination of a pregnant female, as to modify and even direct the organization of the fœtus. This opinion is founded partially upon a wide-spread popular belief, but is defended by a few, yet well authenticated instances in which there was an obvious, recognized object, making a powerful impression, spoken of at the time, and followed by an effect in perfect correspondence with the previous cause. These cases, though explained as coincidences, exhibit a similarity between cause and effect, so well marked, that it is difficult to suppose them to be altogether accidental. The same influence is also claimed to operate upon the lower orders of creation, on the mammalia at least; and although we cannot for a moment suppose animals to enjoy the same degree of sensitiveness that we claim for our own race, we cannot deny to them tender affections and sympathies, through which the causes here spoken of are supposed to operate. I have elsewhere* noticed several remarkable instances of this coincidence of impression upon the female animal, and a peculiar form in her offspring. It is not to be denied, however, that the same influences frequently operate without producing the same results, and that similar departures from the natural organization often occur, so far as we know, without a corresponding or adequate cause. But whether it be true or not that deformities can be thus traced, it is true that they do exist; and though not admitting of precisely the same explanation as like anomalies in the family of man, they are still worthy of attention from the human physiologist, and perhaps afford a safer ground for determining the influence of mental impressions during pregnancy, than similar aberrations in the human species. This influence is, I know, laughed at by many, but there are sufficient facts collected to justify the physiologist in a rational investigation. The following instance, however, would seem to be independent of such influence, and partially, at least, to be explained by natural agencies.

The calf presenting the deformity in question, was born at the usual time, but was of an unusually large size; the hind feet were presented, which, together with the size, rendered the labor tedious and severe, and it was finally terminated by eviscerating the fœtus. The deformity was only in the head and hind feet. In the head, the appearance was very much after the manner of a hare-lip, the nostrils being separated sufficiently to allow the lower jaw to shut between them. In examining the bones, the separation was found to extend to the body of the ethmoid bone below, and to the occipital bone above and behind; the ethmoid bone being, in fact, the only covering of the mouth, or as we should rather say of the throat, for there was no buccal cavity. The distance between the extremity of the nasal bones was four inches, and a proportionate separation of the molar, maxillary, and other bones of the face and mouth. The palatine process of the maxillary bone was reduced to a mere ridge.

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* American Quarterly Journal of Agriculture and Science, Vol. 1, No. 2, p. 278.

The whole appearance of the face was precisely as if a power had been applied to the nostrils, while the bones were still soft, separating them as described. This was apparently done by pressure of the lower jaw, for this bone, instead of being naturally shaped, was greatly curved, as represented in the drawing. The curvature, commencing at the angle of the jaw, continued to the symphisis, forming more than the half of a circle; the distance from the symphisis to the coronoid process being 3½ inches, while the length was ten inches. In another jaw of the same length, but from a calf of four weeks old, the distance between the coronoid process and symphisis was seven and a half inches.

Thus far the deformity might have been mechanical, and caused by pressure of the lower jaw, between the lateral parts of the upper; and at first sight it seemed as if the frontal bones, adhering more closely to the malar bones than to each other, were also separated by the same cause. But, on closer examination, it was evident that in the bones of the skull there was a want of substance, and not a separation; there was barely enough of the frontal bones to form the superciliary ridge and the proper articulations, leaving a space of three-fourths of an inch on each side of where the sagittal suture should have been, and two inches in length. If we suppose this space to be one inch in depth, we have very nearly the cranial cavity, the upper part of which was covered only by the membranes of the brain.

The parietal bones were reduced to mere articulating surfaces, and the occipital, instead of forming the back of the head, formed a part of the top—the foramen magnum being horizontal with the brain, which was in fact but little more than a continuation of the spinal marrow.

The hind legs were unnatural from below the ankle. The right metatarsal bone, instead of terminating in two articulating surfaces, terminated in three. The external articulation had the usual number of phalanges of natural form; the internal had the first phalanx natural; the second, instead of being articulated with a single terminal bone for the hoof, had two, forming a third hoof; the middle articulation of the metatarsus had a single badly formed phalanx, so that it seemed as if three distinct feet had commenced at the tarsus, but finished on the second phalanx. The left metatarsal bone, or rather bones, for there were two of them, were lighter than the right, and about one half shorter. The two bones, instead of being united and forming a single bone as in hoof-footed animals, were entirely distinct and separated, being twisted upon each other, so that the same bone which was external at the tarsus, was internal at the opposite extremity. There were, as usual, two articulating surfaces, one to each bone, the external having the natural number of phalanges of natural form; the internal was articulated with a phalanx which terminated in a double extremity, to each of which was attached the proper number of terminal bones, so that each foot, though differently deformed, presents three distinct hoofs. The other parts of the calf appeared natural.

The accompanying plates represent the deformity very correctly. Fig. 1st being a side, Fig. 2d a front view of the head. The references are the same in each.

No. 1. is the eye, not fully seen in fig. 2. No. 2, the nostrils. No. 3, the lower jaw lying between the separated parts of the upper jaw. No. 4, the tongue pressed upon the teeth, and crowded out of the mouth. No. 5, the limit of the complete separation externally; the remainder of the head to No. 6, being covered by the membranes of the brain, but destitute of hair and skin. The space between 5 and 6 represents the size of the cranial cavity and the deficiency of the frontal and parietal bones.

Fig. 1.

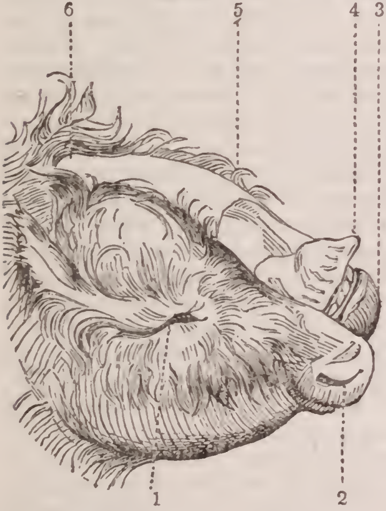
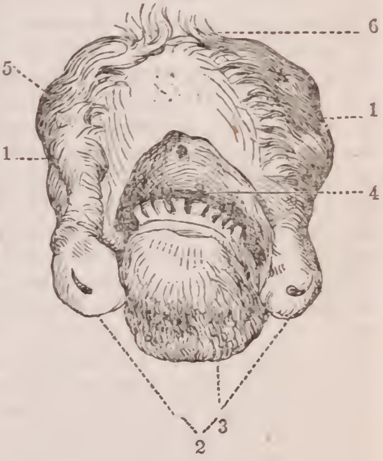


Fig. 2.



Art. VII.—*Case of Extraordinary Fœtal Deformity, complicating the operation of Turning.* By Augustus G. Elliot, M. D., Resident Phys. N. Y. Asylum for Lying-in-Women, late resident Physician, N. Y. Hospital.

On the evening of Friday, June 20th, 1845, application was made to me at the Asylum in behalf of a colored woman, Sarah Jackson, who was believed to be in labor—I was asked to send her a physician. The membranes, as I learned, had ruptured on the Wednesday morning previous, and labor pains had been decided and continuous since, though for the last few hours less active than before. The case was assigned to Dr. Chesebrough (under whose hands Asylum patients from that section of the city come), and I engaged, as soon as possible, to visit her myself. Arrived, and making an examination, I perceived a state of things remarkably of interest. There presented in the vagina, about two inches from the vulva, an extremity of the child; but whether hand or foot, was fairly doubtful upon first inspection. There were three phalanges only (one considerably larger than the others), and apparently too long for toes; no thumb could be observed, but a distinct and well marked prominence much resembled the heel. Further examination was required to make the presentation clear. Protruding from the os tincæ, was an edge of the placenta. The extremity of the child had not passed through this organ; the placenta was wrapped round the limb, and the placental membranes much embarrassed the remainder of the operation. Only three quarters of an inch beyond the heel-like prominence, was found a joint, of course abnormal in position, and without the characteristic feel of either knee or elbow. Still progressing upward, a clavicle, distinctly felt, and in its proper place a scapula, enlightened me upon the presentation, and I now, of course, endeavored to reach the feet. The liquor amnii had all escaped, and now and then the uterus contracted with full vigor. Anomalies, however, were by no means at an end, nor were all obstacles to progress yet surpassed. Leaving the shoulder, I proceeded to ascertain the position of the head. I found it thrown far back between the shoulders, making the chin the first distinguishable point encountered by the finger. The mouth I found stretched open. Placing my hand upon the child's abdomen in my progress towards the feet, I touched a formless mass, which must be, as it seemed to me, either a hæmorrhage of small amount within the membranes, lying loose about the placenta, or a mass of the monster's viscera escaped from their proper cavity. Having already found anomalies enough, I would not hastily include another; but, before the fœtus had been brought to light, it was sufficiently apparent. Having (though not quite easily) disengaged my fingers from the intestines, I at length made seizure of a foot; but, lo! there were no toes. However, a foot of any shape would readily have satisfied me at this stage of our proceedings, and in a moment I had served a capias upon its fellow; this appeared decidedly more like a veritable foot. The child's abdomen being turned towards the mother's, I was obliged to change position, and immediately our monster stepped into the world—an active pain directly after the delivery of the pelvis driving forth the whole affair, with the placenta close attached.

Thus much for the delivery. The mother recovered very rapidly, not one unpleasant symptom having supervened, and we may now proceed to the anatomy connected with the case. Dr. G. A. Sabine, Demonstrator of Anatomy in the College of Physicians and Surgeons, was kind enough to make the dissection, and I give the result.

The connection between the placenta and child was by a funis four inches only in length, and also by attachment of the placental membranes to the membranes of the fœtal brain. A space occasioned by a deficiency of bone between the occipital, frontal, and two temporal bones (the parietals not apparently existing), gave passage to the membranes of the brain. The cranial integument, well covered by the hair, extended for half an inch beyond the edges of the opening, and from this point the dura mater was prolonged till it attached itself to the investing membranes of the placenta, which presented in all respects the normal structure of that organ.

Inflation through a blow-pipe passed within the dura mater, gave rise to the formation of an irregular and nodulated tumor of about the size of an average fœtal head. The cavity of the skull was occupied by a soft red pulp, devoid of shape. The face was much deformed; one orbit, and the nostril of that side, were at least a quarter of an inch below the corresponding parts upon the other side. The bony palate was entire, but a deep fossa would admit the end of my finger just behind the gum. The tongue was perfect. The lungs and thymus gland were natural, except that they were rather small. The anterior parietes of the thorax and abdomen were deficient, leaving an opening of four inches and a half in length, by an inch wide, through which had passed the heart, the stomach, liver, and spleen, with the whole of the intestines down to the sigmoid flexure of the colon. The heart was utterly abnormal; it was reversed; without a pericardium; was prolonged from the apex upward; and terminated in a fibrous band, by which it was attached to the prolongation of the dura mater, near its junction with the placenta. On laying open the organ, but one auricle was found, the inter-auricular septum being entirely wanting. The mitral and tricuspid valves were both complete, but a foramen of about four lines in diameter formed a free passage through the inter-ventricular septum, making the heart a single organ. The ductus arteriosus was quite pervious, and in its usual relations. The distribution of the great vessels was correct. No gall bladder existed; and the matter found in the large intestines was of a dingy white color. The stomach and spleen were natural, but the pancreas was wanting; and the duodenum and commencement of jejunum were not deep seated, relatively speaking, as we generally find them (the superior mesenteric artery lying in this case posterior to the transverse portion of the duodenum). The right kidney was larger than the left, and of a greater length and breadth than in the healthy fœtus, but without the lobular appearance; flat, and as though compressed; the tubular structure not distinct on cutting into it, although the pelvis was well formed. The other kidney was more nearly natural, though at its upper portion having somewhat of the same appearance as the other. The renal capsules were alike and natural. The testes and their gubernacula were found; testes not yet descended to the scrotum.

Dr. Wm. W. Jones, Curator to the N. Y. Pathological Society, prepared the skeleton, in which we find the following anomalies of the osseous system. For parietal bones, we have but a narrow sliver of two lines in width on the right side; and on the left, a breadth of three lines only, with a slender process like the styloid, standing up where should have been the body of the bone, three quarters of an inch in length, with the diameter of a line, jointed by cartilage at the middle. The frontal bone is wanting down to the orbital plates. The orbit of the right side natural in position; the other orbit situated so far laterally, as to be directly in a line above the coronoid process of the inferior maxilla; so that, standing in line with the axis of the face, and viewing the head from before, the orbit of the right side can be seen, while that of the left is so far back as to be concealed. The superior maxillary bones are twisted towards the left, their juncture being removed from over the symphysis of the inferior maxillary more than two lines. The left inferior maxillary ramus is very nearly straight, wanting the arch of the opposite branch. The spine exhibits a lateral curvature towards the left, commencing from the superior dorsal vertebra, and is also twisted upon its axis. Spina bifida exists from the fourth lumbar vertebra to the coccyx. The thorax is remarkably malformed, in consequence of the distortion of the spine; so much so, that standing in front of the median line, the ribs of the right side conceal the spine. The ribs of the right side number twelve. On the left there are ten, besides one doubled in its spinal half. The sternum is entirely cartilage, without an osseous point. This cartilaginous rudiment is vertically divided, the halves separated from each other more than three quarters of an inch, and the ribs attached to the half sternum on each side. The right superior extremity is normal to the elbow; but the fore-arm is composed of an ulna only, curved anteriorly, so as to form the quarter of a circle, holding out the hand. The hand contains but three metacarpal bones, with their continuous phalanges, the extreme phalanges being cartilaginous. The thumb is a mere rudiment. What should have been the sternal end of the left clavicle is strangely out of its normal place, attached to the fourth cervical vertebra by a ligamentous band, and passing down over the ribs posteriorly to fasten its other extremity to the scapula. The scapula is a mere rudiment, about half an inch in length, and three lines in width. The humerus of the left side is natural. The bones of the fore-arm are consolidated at its upper two thirds; the hand is normal. The pelvis and inferior extremities are not deformed, except that the extreme phalanges of the right foot are little more than points of bone.

I think we have here the account of a collection of deformities unparalleled in a single subject. Some of them have never been recorded elsewhere; and I have thought that, as an anatomical curiosity, it might be well to give the catalogue to the pages of a medical journal.

ART. VIII.—*Herpes Iris, with Cases.* By H. D. BULKLEY, M.D., Lecturer on Diseases of the Skin, &c.

HERPES, as a genus, is so well characterized by groups of globular vesicles resting upon an inflamed base, that it is generally distinguished without much difficulty, even by those not particularly familiar with the diagnosis of cutaneous diseases. The species, however, known under the name of *herpes iris*, first described by Bateman, presents such peculiarities, both of color and form, as to embarrass at first sight one who has not previously seen either the disease itself, or some representation of it, a difficulty which the extreme rarity of its occurrence is calculated to enhance. Biett, in the immense field afforded by the external consultations at the hospital St. Louis, specially devoted to these diseases in Paris, met with but a very small number of cases, perhaps three or four. Rayer gives two cases of it, and speaks of it as very rare, without mentioning its comparative occurrence. During twelve years' observation of cutaneous diseases, in a field far from being limited, I have seen three cases, all of them well marked, one of them brought to me for diagnosis, and the other two kindly shown to me by my friend, Dr. Roberts, of this city. Two of the cases have occurred within a few days, and afforded me an opportunity of exhibiting a specimen of the disease at my weekly clinique, and of comparing it with the engraving of Willis, which, as well as that of Bateman, and of Rayer, conveys a good idea of the disease, and would be sufficient to lead to a correct diagnosis by a careful observer.

Herpes iris is described as commencing with small red spots which are soon succeeded by zones of different colors, in the centre of which a vesicle forms on the second day, and this is soon surrounded by smaller vesicles. In the course of two to three days, the central vesicle becomes flattened, and the fluid in it opake, and of a yellowish tint. The erythematous zones are then said to become more defined, and to form four distinct rings which successively surround the central vesicle, so as to form a patch a little larger than a ten cent piece, the rings presenting different shades of color, the innermost one (that immediately surrounding the central vesicle), being of a brownish red, the next one of a yellowish white, the fluid of a deep red, and the outermost, which is said to appear on the eighth or ninth day, of a rosy tint, and fading insensibly into that of the natural color of the skin. The second ring is said to be most frequently covered with vesicles, while, in some cases, all the rings may be thus covered.

It is described as occurring most usually in children, in females, and those of a light complexion.

The three cases which I have seen have all been in males; the first (seen seven or eight years since) was in a man about forty years of age, with dark hair, and very dark complexion; the other two (seen last week) were in Germans, one about twenty-five, and the other twenty-three years of age, both with light complexions; the former of whom was working in a sugar refinery, and the other, only in this country six weeks, was employed in an apothecary's store. In the case first seen, the health was good, tongue clean, bowels regular, and he felt well in every respect. In the second case there was some gastric derangement; and in the third still more, marked by a tongue covered with a thick yellow coat, constipation, &c.

In all these cases, the eruption was confined almost entirely to the hands and feet, occupying both the dorsal and palmar surfaces of the former, and the sides, and partially the soles of the latter; and in one case, two or three spots about the instep, and one on the knee. In the case last seen (the youngest German), in which the tongue was so much coated, there were numerous patches of the same eruption on the inner surfaces of the lips, inside of the mouth and posterior fauces, modified, however, materially by its location, the patches being of the same size and shape as on the hands, but covered with a greyish false membrane, instead of the erythematous zones and vesicular elevations presented by it on the skin.

On the hand, there was great similarity in all the three cases—the eruption presenting itself, when fully matured, in the form of patches, from three to four or five lines in diameter, almost perfectly circular, having in the centre a large globular vesicle, filled with opake, whitish fluid; and this vesicle was surrounded by an areola about a line in width, of a dull red color, next to which was a perfectly formed vesicular ring, containing a slightly opake whitish fluid, a little elevated above the surface, about a line in width. Externally to this, was an areola of a less dull red color, which mingled insensibly with the natural color of the skin, but which was narrower than either of the others, and could hardly be recognized as a distinct ring. The eruption in all the cases had existed eight or ten days, which is the period at which the fourth ring is said to be developed, but which did not seem to be true in these cases. There were from twelve to fifteen spots on the dorsal surface of each hand. Intermingled with these variegated and characteristic patches were globular vesicles, of the size of a medium sized pearl, containing serum, more or less transparent, and with little or no areola around them. A similar accompaniment of one of his cases is described by Rayer. As neither of the cases was seen a second time, the progress of the eruption could not be watched. The fluid in the vesicular portions undergoes the same changes as in common herpes, being sometimes absorbed, and in other cases becoming sero-purulent, and drying up in the course of six to ten or twelve days, followed by superficial scabs, which leave, when they fall off, merely a red spot, which soon disappears.

In the case in which the mouth and fauces were affected, there were numerous spots on the palmar surfaces of both hands, which presented an appearance also modified by their location, the fluid not raising the cuticle in the distinct form of a central vesicle and surrounding vesicular ring, but spreading more irregularly; the spots resembling very much the elevations of the cuticle produced by violence to the surface, preserving, however, their circular shape, and of a deep red color, where the cuticle was not raised.

Cazenave and Schedel, in their Manual of Diseases of the Skin, mention having seen a fine specimen of this disease in the wards of M. Biett, in which the ring was in the middle of the forehead. I have in my possession a painting of a case similarly located (and perhaps the identical case), taken from a patient at the hospital St. Louis, by a medical friend, in which the eruption consists of three concentric rings, each covered with remains of vesicles; the first five-eighths of an inch in diameter, the second a little less than an inch and a half, and the third two inches in diameter; the breadth of each being about two lines, and consequently bearing but a small proportion to the intervening space. The history of the case is given in neither instance, which is to be regretted on account of the difference between this form, and that described as usually occurring.

Diagnosis.—Roseola, with concentric rings (R. *annularis*), is probably the only affection likely to be confounded with H. *iris*—and this is distinguished by the larger size of the patches, and the entire absence of vesicular elevations, of which the remains would be seen, even if their elementary form had disappeared. The case brought to me for diagnosis was supposed to be purpura, a mistake immediately corrected by the disappearance of the redness under pressure of the finger, and its return when the pressure is removed, independently of its vesicular character, and other marked differences. This case had caused uneasiness to the friends of the patient, from their fear that it was the small-pox, with which, however, no physician would be in danger of confounding it.

Prognosis and Treatment.—H. *iris* is a mild disease, acute in its character, the individual spots lasting from six to twelve days; the attack being sometimes prolonged two or three weeks by the successive appearance of new spots, the redness left by them remaining a week or so longer.

Sometimes little or no treatment is required. When indicated by the state of the bowels, purgatives or mild laxatives may be given, and should generally be of an antacid character; and when there is evidence of diseased sections, calomel or blue pill may be advantageously combined with a laxative, or followed by one. The warm bath, with a mild, unstimulating diet, should also be advised at the same time. Local applications, as a general rule, should be abstained from, as in other cases of the acute forms of herpes, especially those of an irritating nature, and also poultices. Rayer says that the duration of the patches may be abridged by cauterising them slightly with the nitrate of silver. When accompanied by much burning or smarting, the parts may be covered with a weak solution of acetate of lead, either with or without an infusion of opium; and if excoriations take place, they may be dressed with opiated cerate or stramonium ointment, to which the oxide of zinc may be added, if there is much discharge.

June 10, 1843.

ART. X —*An Account of the African Fever as it prevailed on board the U.S. Ship Preble, during her late Cruise, with an Abstract of forty-three Cases.* By S. WILSON KELLOGG, M.D., U.S.N., Surgeon of the Vessel, communicated in a letter to the Editor.

[CONCLUDED.]

CASE XXXV.—*Dec.* 3*d.* William Thompson, Seaman, admitted with the usual symptoms. ℞. Hydrarg. prot. chlor. gr. xij., ext. colocynth. c. gr. vj., M. ft. pil. iij. ss.

4*th.* Has high febrile excitement; bowels freely opened; skin hot and dry; stomach irritable; effervescing draughts.

5*th.* Doing well; continue treatment.

6*th.* Doing well; less fever; continue as yesterday.

7*th.* Improving slowly; has had several attacks of epistaxis, which have weakened him considerably; continue treatment; weak wine and water.

8*th.* Tongue clean and rather red; skin natural temperature; pulse frequent and feeble; no pain; slept tolerably well. ℞. Quin. sulph. gr. ij. in sol. qq. 2da hora; porter and water.

9*th.* More fever; omit quinine; has again lost a considerable quantity of blood from the nose; pulse one hundred and fifteen, quick and feeble; skin cool and moist; has slight pain in the back only; tongue natural color, and covered with a whitish slime; bowels open; two stools, tolerably copious. ℞. Mass. hydrarg. gr. iv., pulv. ipecac. gr. $\frac{1}{8}$. M. qq. 2da hora sum.

10*th.* As yesterday; very feeble; faints whenever he attempts to rise; continued treatment.

11*th.* Worse; great thirst; tongue clean, dry and red; skin moist and temperature natural; very restless; despondent; has had free hemorrhage from the nose; bowels very loose; pulse one hundred and ten, and very feeble; some pain in back of head; apply blister to neck; continued pills with tr. opii gtt. v

12*th.* Pulse less frequent; complains of headache; otherwise as yesterday; apply cups to temples; continue treatment.

13*th.* No material change; cups have relieved headache; continue as yesterday, arrow-root.

14*th.* No change; pulse small, quick (one hundred), less thirst; tongue cleaner; bad muttering delirium during the night; is perfectly rational this morning; says he "feels entirely well;" continue treatment; arrow-root.

15*th.* No change; says he slept well last night; no delirium; pulse one hundred and feeble; skin hot and dry; tongue clean and red; no appetite; says he "feels well;" continue as yesterday; arrow-root.

16*th.* No change; continue treatment; arrow-root.

17*th.* Pulse one hundred and eight, and feeble; skin hot and dry; slight subsultus; tongue cleaner and tremulous; great thirst; bowels open; delirious last evening; slept none; continue treatment.

18*th.* Last evening began to sink very fast; pulse very rapid and feeble; skin cool and moist; ordered camphor. gr. iv., amm. carb. gr. ij.; wine and water. Is considerably revived this morning; pulse one hundred, and feeble; skin cool and moist; tongue moist, clean and very tremulous; sordes on teeth; answers questions very readily; great restlessness; anxiety of countenance; omit ammon. carb. ℞. Camphor. gr. v., calomel. gr. iij. qq. 2da hora; continue wine and water.

19*th.* No change; continue treatment; arrow-root.

20*th.* Gradually failing; pulse about one hundred and thirty, very feeble and fluttering; tongue clean, natural color, but very tremulous; skin cool and moist; very restless, constantly striving to get out of his cot; low muttering delirium; answers readily, says he is free from pain; eyes wild and staring; pupils much dilated; omit calomel; ℞. Ammon. carb. camphor. aa. gr .v. M. qq. 2da hora. s. wine and water; arrow-root.

21*st.* Failing fast; continued stimulants.

22*d.* Died this morning at 11 o'clock.

Autopsy six hours after death.—Brain.—Adhesion between the dura mater and pia mater; effusion of bloody serum between the dura mater and pia mater; effusion between the pia mater and arachnoid; the pia mater very much thickened and softened; choroid plexus slightly engorged; a large and distinct clot of blood in the left ventricle.

Thorax.—Lungs healthy; effusion in the pericardium; heart normal; the blood, as in the other cases, perfectly fluid, and very light colored.

Abdomen.—Mucous membrane of the stomach softened and thickened, and at the cardiac extremity, congested in patches. Liver darker than natural, and much enlarged and softened. Gall-bladder normal. Spleen enlarged, and very much softened. Adhesions between the pancreas and stomach, and also between the stomach and spleen. Small intestines considerably injected, particularly the ileum, which presented a red blush throughout. Other organs healthy.

Case XXXVI.—*Dec. 4th.* John I. Clarke, Seaman, admitted, with the usual symptoms. ℞. Hydrarg. prot. chlor. gr. xij., ext. col. comp. gr. vj., M. ss.

5*th.* High febrile excitement; cathartic did not operate freely. ℞. Pulv. Seidlitz.

6*th*. No better, if anything worse; vomits everything he drinks; apply mustard to epigastrium; effervescing draughts.

7*th*. No change; applied cups to the epigastrium last night, which stopped the vomiting; is very restless; skin hot and dry; thirst urgent; continue effervescing draughts; sponge the head and arms frequently with alcohol and water.

8*th*. Suddenly sank last evening; skin cold and bathed in sweat; pulse extremely rapid and scarcely perceptible; voice almost extinct; constantly shifting his position. ℞. Quiniæ sulph. gr. ij., camphor. gr. v., M. qq. h. s.; Sinapisms to feet and epigastrium; brandy and water.

This morning is quite revived; pulse 100, feeble, and soft; has an occasional intermission; tongue red at tip and edges, covered with a thick, dirty-white fur; entirely rational; says he has no pain; four stools; discharges free, dark, and offensive; no thirst. Continue quinine and camphor; omit brandy.

9*th*. Pulse 112, very feeble—scarcely to be felt; tongue moist, and covered with a yellowish fur; skin hot and dry; stomach very irritable; countenance anxious; complains of some tenderness in epigastrium. Apply blister; continue effervescing draughts.

10*th*. Better. Pulse 88, full and soft; tongue red, but cleaning; skin normal; no pain nor thirst; says he has a good appetite. ℞. Mass. hydrarg. gr. iv., quin. sulph. gr ij., M. qq. 2da hora s. Wants chicken soup; cannot allow it. Arrow-root.

11*th*. Much worse. Pulse 124, and feeble; tongue dry, and covered with a very dark fur; skin hot, and bathed in a profuse sweat; bowels greatly relaxed; head very hot; quite comatose; answers no questions. Apply cups to temples, cold water to head; ℞. Mass. hydrarg. gr. v., pulv. ipecac. gr. $\frac{1}{8}$, M. qq. 2da hora sum. One of his messmates gave him a piece of pie and some whiskey.

12*th*. No material change. Pulse less frequent (110), and very feeble; teeth covered with sordes: skin warm, gentle moisture; says he "has no pain;" three small stools. Continue treatment.

13*th*. Tongue cleaner; perfectly rational; skin warm and moist; says he is free from pain; no tenderness on pressure on epigastrium; eyes slightly suffused; pulse as yesterday. Omit pills. ℞. Hyd. prot. chlor. gr. v. qq. hora.

14*th*. No material change since yesterday. Continue calomel.

15*th*. Better. Tongue clean, but very red; skin natural; no pain; pulse 104, full and soft; no thirst; some appetite; bowels open; mouth slightly touched by mercury. Omit calomel. ℞. Calomel gr. iij., quin. sulph. gr. ij., M. ft. pil. qq. 4ta hora s., arrow-root.

16*th*. Improving. Pulse 90, full and soft; appetite good; slept well. Omit pills; take bitter infusion; beef tea.

17*th*. Convalescent. Continue treatment. Chicken soup.

Discharged February 3, 1845.

Case XXXVII.—*Dec.* 4. James H. Shaw, Acting Sailmaker's Mate, admitted, with the usual symptoms. ℞. Calomel. gr. xij., ext. col. comp. gr vj., M. ss.

5*th*. No change; bowels not moved by medicine; repeat it.

6*th*. No change; effervescing draught.

7*th*. No material change; fever rather slight; continue the same treatment as yesterday.

8*th*. Drank a quantity of liquor yesterday afternoon. In the night, in getting out of his hammock, he struck his head against some boards. At 3 A.M., found him perfectly insensible, could not rouse him; breathing very laborious, accompanied with stertor; bloody foam issuing from his mouth. Had a slight wound on left temple, but no fracture of the skull that I could discover; pulse very rapid and almost imperceptible; applied mustard to feet and thighs.

Died at 10 A.M. Body not examined.

Case XXXVIII.—*Dec.* 5. Simeon Talbot, Seaman, admitted, with the usual symptoms. ℞. Calomel. gr. xij., col. comp. gr. vj., M. ss.

6*th*. Better; effervescing draughts.

7*th*. Has considerable heat of skin; pulse feeble and quick (110); great depression of spirits; says he "is going to die;" tongue thickly covered with a yellowish fur; great thirst; pain in head and back. Apply cups to epigastrium; effervescing draughts.

8*th*. Last night skin very cold, and bathed in profuse sweats; pulse very quick (136), and extremely feeble; pupils dilated; great restlessness; answers with great difficulty; cannot get him to put out his tongue. Ordered brandy and water freely until reaction ensues; sinapism to feet.

This morning, skin hot and dry; is rational; complains of pain in the back of head; pulse indistinct, but very quick (110); tongue pale and flabby, showing the marks of the teeth on the edges; bowels moved twice during the night. Effervescing draughts. ℞. Mass. hyd. gr. iv., pulv. ipecac. gr. $\frac{1}{8}$ M. qq. 2da hora s., emp. epispast. to nape of neck.

9*th*. Skin cool and moist; pulse 110, and very weak; tongue pale, flabby, and covered with a whitish fur; refuses to taste anything; is perfectly rational; says he "is going to die;" is very thirsty. ℞. Mass. hydrarg. gr. v. qq. hora; emp. epispast. again to nape of neck.

10*th*. No change. Violent delirium all night; attempted to make him taste his medicine, but could not succeed; skin cool, and bathed in profuse sweat; somewhat stupid, but answers readily; says he "will not take any medicine; he would sooner die." Apply blisters to calves of the legs; ℞. calomel. gr. iv. qq. hora.

11*th*. No change for the better. Pulse extremely rapid and very feeble; skin cold, and bathed in sweat; very noisy, raving; will not take medicine; put some calomel on his tongue, but he immediately spat it out; blister did not draw well; appears to be conscious when spoken to; pupil much dilated; some heat about the head; apply cups to temples; continue calomel if it can be got down.

12*th*. Evidently sinking fast; pulse extremely rapid and very feeble; skin cold and clammy; alternate stupor and delirium; moans a good deal; passes his stools in bed, color bright yellow; eyes staring; pupils much dilated; will swallow nothing. As a last resort, I determined to try the plan so strongly recommended by Dr. Graves of Dublin, in cerebral congestions in the latter stages of fever. ℞. Antim. tart. gr. j., tinct. opii gtt. x., mucilag. ℥iv. M. ft. enema, to be repeated every three hours.

13*th*. Moribund. The enema produced no effect whatever.

Died at 4 P.M.

Autopsy twenty hours after death.—Brain.—The vessels of the dura mater were very much distended with blood; considerable effusion between the dura mater and pia mater, and adhesions at numerous points. The longitudinal sinus contained a quantity of fluid blood; effusion between the arachnoid and pia mater, and the blood-vessels, very much engorged. The arachnoid and pia mater thickened and opaque at some points, and at others of a deep rosy color. Substance of the brain softened and very much injected; choroid plexus deeply injected. The ventricles contained an unnatural quantity of fluid.

Thorax.—Lungs healthy; the pericardium containing about four ounces of serum; heart softened in structure, and its cavities contained a small quantity of blood of the color and consistency of claret and water.

Abdomen.—Liver natural; gall-bladder distended with natural colored bile; omentum darker than natural. Adhesions existing between the stomach and spleen; mucous coat of the stomach very much injected, and softened about the cardiac orifice; spleen enlarged, softened and very easily torn; small intestines much congested in spots; other organs healthy.

Case XXXIX.—*Dec.* 5. John W. Williams, æt. 54, Seaman, admitted with chill and the other usual symptoms. ℞. Calomel. gr. xij., ext. colocynth. c. gr. vj. M. ss.

6*th.* No change; very high fever; effervescent draughts.

7*th.* Better; continue as yesterday.

8*th.* Better; continue treatment.

9*th.* Pulse 100, full and soft; skin soft and natural; tongue moist, and covered at the back part with a dirty whitish fur. Has slight tenderness in epigastrium; apply blister; ℞ Mass. hydrarg. gr. v., pulv. ipecac. gr. $\frac{1}{8}$ qq. 2da hora s.

10*th.* No change in symptoms; continue treatment.

11*th.* No better; constantly moaning, but says he suffers no pain; is very much depressed; skin normal; tongue clean and pale; pulse 90, full and soft; bowels open; add to each of his pills, sulph. quinin. gr. j., and continue them every second hour.

12*th.* Pulse 88, full and soft; skin natural; universal moisture; bowels free; tongue clean at tip and edges; furred in centre; great depression of spirits; continue treatment.

13*th.* Slightly better, is very much depressed in spirits; pulse 84, full and soft; otherwise as yesterday; continue treatment; a small quantity of thin arrow-root occasionally.

14*th.* No change since yesterday; continue treatment and diet.

15*th.* Rather worse; slight stupor; pulse 104, soft and full; skin soft and natural; heat regular; tongue slightly furred at the back part; considerable thirst; no appetite; spirits very much depressed; continue treatment and diet.

16*th.* Better; pulse 68, full and soft; tongue and skin natural; asks for something to eat; spirits more elevated; no thirst nor pain; slept well last night; omit medicine; bitter infusion; arrow-root prepared with milk.

17*th.* Not as well; pulse 70, full and soft; mind much affected; rather fatuitous; tongue clean but pale; skin natural; some thirst; no pain; answers questions very slowly, and in an undecided manner; has passed both urine and fæces in bed for two days past; omit medicine; ℞ Quin. sulph., mass. hyd. aa. gr. ij. M. qq. 2da hora; arrow-root.

18*th.* No material change since yesterday; continue treatment; arrow-root.

19*th.* Has brightened up somewhat; no longer passes stools and urine in bed; pulse tongue and skin natural; continue treatment.

20*th.* Improving; some appetite; continue treatment; arrow-root.

21*st.* Convalescent; no medicine; rice and milk.

Feb. 9*th.* Surveyed; condemned, and sent home to the U. States.

CASE XL.—*Dec.* 6*th.* Jas. G. Huston, Seaman, admitted with usual symptoms. ℞ Hydrarg. prot. chlor. gr. xij., ext. colocynth. c. gr. vj. M. ss.

7*th.* Complained of headache; nausea; skin hot and moist; tongue moist, and covered with a whitish slime; bowels freely moved; effervescing draughts.

8*th.* No change; skin very hot and dry; great thirst; pulse 112, small and soft; slight headache; bowels costive. ℞ Mass. hydrarg. gr. xij. ss.; says the effervescing draught is very grateful, and quenches his thirst; continue it.

9*th.* Great depression of spirits; countenance anxious; eyes very red and watery; has had two stools; otherwise as yesterday; continue treatment.

10*th.* Great depression of spirits; pulse 120, feeble and quick; skin hot and dry; great thirst; tongue red and covered with a yellow whitish fur; bowels very irritable; six or seven liquid stools; has great nausea; tenderness in epigastric region; apply cups; continue pills and effervescing draughts.

11*th.* No material change; skin less hot; pulse 112, less diarrhœa; eyes very red and watery; adnata yellowish; emp. epispast. to neck; ℞ Calomel. gr. iij. qq. hora; omit pills; continue effervescing mixtures.

12*th.* No better; countenance very anxious; skin yellow, hot and dry; heat irregular; pulse 120, quick and feeble; tongue red at tip and edges, and covered with a dark fur in the centre; thirst urgent. ℞ Calomel. gr. v., pulv. Dover. gr. ij. M. qq. hora sum.; effervescing draught.

13*th.* Rather better; eyes clearer; pulse 110, fuller, very soft; less thirst; tongue less red; skin soft, and covered with a gentle moisture, which is universal; otherwise the same as yesterday; bowels not open; omit the pulv. Doveri; continued the calomel and effervescing draughts.

14*th.* Not as well; fever came on last evening with great violence; skin hot and dry; pulse 120, small and feeble; eyes suffused; no headache; no tenderness on pressure on epigastrium; is very impatient and fretful; great restlessness; thirst urgent; continue treatment. Blister to nape of neck; has had one tolerably free stool.

15*th.* Slightly better; pulse 102, full and soft; skin less yellow, soft and covered with a gentle perspiration; eyes clearer; countenance less anxious and less bloated; thirst less; had several hours of refreshing sleep; bowels open; continue treatment; arrow-root.

16*th.* As yesterday; had slight delirium during the night; appears rational at present; continue treatment; thin arrow-root.

17*th.* No material change; continue treatment.

18*th.* Pulse 108, soft and of moderate force; tongue clean, but very red; there is an oozing of blood from tongue and gums; skin cool and moist; one stool; no pain; intellectual faculties in good order; countenance less anxious; eyes less suffused and clearer; gums slightly affected by calomel; continue treatment; thin chicken broth.

19*th.* Rested quietly; pulse 110, quick and rather strong; skin natural; countenance and eyes more natural; oozing of blood from mouth continues; no pain; stools mixed with considerable quantity of dark blood; ℞ Alum sulph. ʒij.; aquæ. ℥iv. M. ft.; wash for mouth; omit powders; ℞ Calomel. gr. v., plumbi acetat. ʒss., conserv. rosar. qs. M. ft. pil. no. j. qq. 2da hora; arrow-root with milk and wine.

20*th.* No material change; oozing of blood continues, but much less in quantity; in other respects as yesterday; continue treatment; wine and water freely; arrow-root and wine.

21*st.* Appeared to be doing well until 11 o'clock last night, when he was seized with a violent convulsion which lasted for a few moments only; he then sank into a profound coma, and expired a short time after midnight.

Body not examined.

Case XLI.—*Dec.* 7*th.* Wm. King, Ordinary Seaman, admitted with the usual symptoms. ℞ Calomel. gr. xv., to be followed by ol. ricini. ℥i.

8*th.* Has had no operation; fever very slight; tongue red and covered with a yellowish fur and moist; skin moist and not warmer than natural; pulse 90, full and soft; slight pain in back only; eyes red and watery. ℞ Mass. hydrarg. gr. iv., pulv. ipecac gr. ¼. M.; qq. 2da hora sum.

9*th.* No better; pulse 120, and very feeble; slight pain in the head; skin moist and moderately warm; tongue moist and covered with a yellowish fur; countenance anxious; pressure on epigastrium causes pain; very restless; thirst intense; cups to epigastrium; sinapisms to feet; continue the same treatment as yesterday.

10*th.* No change; complains of great tenderness and pain at pit of the stomach; skin cool and moist; tongue moist and nearly clean; a little yellowish fur at back part; pulse 130, and very small; constant restlessness; apply blister to epigastrium; sinapisms to feet; continue pills; friction to lower extremities; wine.

11*th.* Last night complained of severe pain in epigastrium; applied cups; gradually sank during the night; ordered brandy and water, but he would not take it.

Died at nine o'clock this morning; body not examined.

Case XLII.—*Dec.* 8*th.* John Anderson, Captain's Steward. ℞ Mass. hydrarg. gr. xv. ss.

9*th.* Has considerable febrile excitement; pulse 100, full and soft; skin warm and moist; great pain in back; cathartic caused two free discharges; tongue moist and furred in centre. ℞ Mass. hydrarg. gr. iv., pulv. ipecac. gr. ¼. M. qq. 2da hora sum.

10*th.* Has slight remission; continue treatment.

11*th.* Very little excitement; pulse 80, full and soft; skin natural; bowels open; continue treatment.

12*th.* Had a profuse hemorrhage from the nose yesterday; lost about 12℥ of blood, which caused faintness; plugged the nostril with a roll of muslin dipt in a strong solution of zinci. sulphat.; great reaction ensued.

This morning, pulse 110, very small and feeble; pain in the head; tongue moist and covered with a whitish slime; skin moist and rather hot; tenderness in epigastric region. Apply cups; ℞ calomel gr. iij.

qq. hora; thirst intense; vomiting of bilious matter; effervescing draught.

13*th*. No change; overwhelming depression of spirits; vomited a good deal last night; apply emp. epispast. to epigastrium; continue calomel; craves effervescing draught; allow it.

14*th*. Was very delirious all night; skin warm and moist; no vomiting; pulse very rapid and feeble; eyes suffused; says he has no pain; tongue moist, swollen, tremulous and covered with a dark, dirty, whitish fur; bowels open; continue treatment.

15*th*. No change; symptoms as noted yesterday; pulse 130, and very feeble; continue treatment. Applied blister to epigastrium last night.

16*th*. No change for the better; pulse 128, and very feeble; skin hot and moist, says he feels well; has no pain; tongue covered with a dark brown fur; no vomiting; thirst slight; head rather warmer than the rest of the body; bowels open; two stools; continue treatment. Apply cold water to head; asks for something to eat; thin arrow-root.

17*th*. Rather better; pulse 108, moderate force and strength; no pain; tongue covered with a dark fur, and cleaning about the edges; bowels rather loose; skin cool and moist; rather inclined to stupor, but easily roused. Continue powders, with tinct. opii gtt. v., until diarrhœa ceases.

18*th*. Slightly improved; pulse 100, small and soft; tongue covered with a blackish fur, dry and red at the tip and edges; skin cool and moist; inclined to stupor; bowels loose; no pain. ℞ Calomel. gr. iij., camphor. gr. v.; misce; qq. hora, s. wine and water; arrow-root.

19*th*. Pulse 108, full and soft; tongue moist, covered with dark fur at the back part and clean at the tip; skin natural; bowels in better condition; no pain; moans a good deal; no stupor; continue treatment; arrow-root with wine and water.

20*th*. In same condition as noted yesterday; continue treatment; arrow-root with wine.

21*st*. No material change; has alternate delirium and coma; bowels very loose; pulse 104, full but very soft; continue treatment, adding tr. opii gtt. v. to each powder; arrow root and wine.

22*d*. No change of consequence; more rational; applied blisters to each temple last evening; has had no delirium nor coma to day; tongue dry, rough, and covered with a black fur in the centre; only one stool to-day; discharge black and fluid; no pain; pupils of eyes contracted; continue treatment.

23*d*. Worse; passes his stools involuntarily; has subsultus tendinum to a very great degree; pulse eighty-eight, full, very soft and jerking; great thirst; was very delirious; raving violently all night; answers questions rationally; skin natural temperature and moist; mouth sore; omit powders; apply emp. epispast. to epigastrium; tongue as noticed yesterday; continue wine and arrow-root. ℞. Quin. sulphat. gr. ij. ext. gentian. q. ft. pil. qq. 2da hora sum.

24*th*. No material change; had considerable hemorrhage from the gums last evening which continues slightly; pulse ninety-eight; full and soft; more rational; skin warm and moist; otherwise no change; continue treatment; chicken soup.

25*th*. Hemorrhage from gums has stopped; no longer passes his stools in his cot; otherwise the same as yesterday; continue treatment; wine and water, arrow-root.

26th. No material change; throat very sore; has several superficial ulcerations about the tonsils; gums considerably affected by mercury; bowels loose; voice much impaired. ℞ Tr. opii gtt. v., mist. cret. ℥ iv. M. ℥ ss. after each stool; touch ulcers with argent. nitras. ℞. Argent. nitrat. gr. ij., aquæ ℥ i., as a wash for mouth; continue treatment as before directed.

27th. As yesterday; continue treatment and diet.

28th. Remains in same state; pulse ninety, full and soft; mouth very sore; swallows with difficulty; skin natural; bowels loose; stools reddish and exceedingly offensive; continue treatment as before directed.

29th. As yesterday; same treatment; broth; egg.

30th. No material change; same treatment and diet.

31st. “ “ “ “ “ “ “

Jan. 1st. “ “ “ “ “ “ Tr. hyosciami gtt. xl. at bed time.

2d. Slightly better; slept tolerably well; mouth less sore; continue treatment and diet as before directed.

3d. No material change; was very restless last night; omit tr. hyosciami; continue treatment; eggs soft boiled.

5th. Has a troublesome cough, and complains of soreness in left breast; pulse one hundred and twelve, tolerably full; very fretful; apply blister to chest. ℞ Syrupi scillæ, tr. opii c. aa. ℥ j., mucilag. ℥ vj. ℥ ss. p. r. n.; omit wine; continue wash for mouth.

6th. Cough better; slept well last night; salivation subsiding; continue same treatment; generous diet.

8th. Improving; cough much better; salivation less profuse; swallows without much difficulty; allow ale; continue treatment, chicken broth.

9th. Improving slowly; continue treatment, &c.

10th. Better; salivation less profuse; continue treatment.

11th. Complains of pain in right side of the chest; some cough; appetite good; apply blister to side; continue treatment and diet.

12th. Blister has relieved pain; cough much better; continue treatment.

13th. Improving; salivation less; is gaining strength; appetite tolerably good; same treatment and diet.

14th. Improving; bowels regular; pulse 80, full and soft; mouth less sore; no cough; tongue slightly furred; appetite craving; is gaining strength; spirits good; same treatment; allow ale, chicken soup, eggs.

15th. Continues to improve; same treatment; full diet.

16th. Improving; sat up in his cot for nearly an hour yesterday; appetite good; mouth less sore; is gaining strength; ℞ Zinci sulphat. ℈j., tr. opii ʒ j., aqua ℥ viij., M. ft. gargarisma; same diet.

30th. Convalescent.

Feb. 9th. Surveyed, condemned, and sent to the U. States.

CASE XLIII.—*Dec. 10th.* G. C. Taylor, æt. 14, Boy, admitted; had a slight attack of fever about ten days ago; was very violently affected by the death of Timothy West, who died this morning; pulse very rapid and small; complains of no pain; is very despondent; skin hot and moist; tongue moist and natural. ℞ Mass. hydrarg. gr. x. ss.

11*th.* Pulse one hundred and thirty, very small and feeble; tongue moist and slightly furred; skin hot and dry: says he has no headache; tenderness in epigastrium; very taciturn; thirst urgent; apply cups to epigastrium. ℞ Calomel. gr. ij. qq. hora s.

12*th.* No material change; continue treatment.

13*th.* No change; continue treatment.

14*th.* Rather better; applied cups on abdomen last evening; pulse fuller and less frequent; continue treatment.

15*th.* No material change; complained of tenderness on pressure in the region of the liver last night; applied blister, which drew well; continue treatment.

16*th.* Rather better; pulse ninety-four, full and soft; skin natural; tongue slightly furred at the back part; bowels free; two small stools; slight pain on pressure over the right iliac region; no other tenderness nor pain; thirst slight; says he would like to eat something; thin arrowroot; continue powders every third hour.

17*th.* Worse; pulse 138—small and feeble; skin cool and moist; had a chill this morning with vomiting; mouth slightly sore; great tenderness on the whole of abdomen, which symptom he has complained of more or less during the whole of his illness; continue treatment.

18*th.* Pulse 132 and feeble; skin cool and moist; tongue covered with a dirty whitish fur; great tenderness over all the abdomen; intellect good—rather taciturn; continue treatment; apply blister to abdomen.

19*th.* Pulse 114—small, quick, and rather strong; tongue loaded with a dark brown fur—red at tip and edges; bowels loose; skin natural—slightly salivated; lies on his back, with his knees drawn up; abdomen very painful to the touch; continue treatment; apply warm fomentations to the abdomen.

20*th.* Says he feels better; much less tenderness of abdomen; pulse as noted yesterday; tongue quite black; mouth quite sore; omit calomel; continue fomentations.

21*st.* Better; less pain in abdomen; applied a blister last evening over the hypogastrium, where there was slight tenderness; can lie on eithe rside; pulse 90, full and soft; tongue cleaning; thirst less; dress blister with cerat. simp.; continue fomentations.

22*d.* As yesterday; continue treatment.

23*d.* Rather more comfortable; tongue entirely clean; says he feels much better; pulse 90—full and soft; skin natural; no pain; asked for some oysters; allow them; mouth sore. ℞. Quin. Sulph. gr. j. qq. hora.

24*th.* As yesterday; continue treatment.

25*th.* Rather better; continue treatment;—chicken soup.

26*th.* As yesterday; " " one egg for dinner.

27*th.* As yesterday; " " " " "

28*th.* No change; still complains of pain in abdomen, with slight tenderness on pressure; pulse 130, small and frequent; mouth sore; tongue covered with a yellowish fur; apply hot fomentations to abdomen. ℞ Calomel. gr. ij., pulv. Doveri gr. iij., conserv. rosæ. q s. M. pil. j.; every two hours; rice and milk.

29*th.* As yesterday; continue treatment; eggs twice a day.

30*th.* No change; abdomen generally tender to the touch; parietes very hard and slightly tympanitic; pulse very feeble and rapid, 130; tongue rather dark; is becoming much emaciated; slight diarrhœa; appetite good; continue fomentations; apply cups; mouth quite sore; omit pills; nourishing diet; eggs and chicken.

31*st.* Slightly better; less tenderness of abdomen; apply emp. episp. 6 × 8 over region of the liver; continue treatment and diet.

Jan. 1*st.* Slightly better; pulse 130 and very feeble; much less tenderness of abdomen, which is softer; ℞. Pulv. Doveri gr. v. qq. 3ta hora. Infus. sem. lin. for drink; wine and water; chicken and eggs.

2*d.* No change; abdomen very hard; cousiderable tenderness in several places; appetite tolerably good; no thirst; wine agrees very well; continue it and pulv. Doveri; apply blister to left hypochondrium; eggs and chicken broth.

3*d.* No change; is becoming very much emaciated; continue treatment and wine; generous diet.

4*th.* As yesterday; add calomel. gr. ½ to pulv. Doveri every three hours; wine and eggs.

5*th.* No material change; abdomen less hard; pulse 110, small and feeble; appetite very indifferent; tongue scalloped, rather red, covered with a white slime; continue powder; chicken soup and wine.

6*th.* No change; continue treatment; chicken and eggs.

7*th.* No change; dress blister with ung. basil.; same diet.

8*th.* No change; applied another blister over the region of the liver last evening; dress it with ung. basilic.; abdomen very hard and irregular; ℞ ol. terebinth. gtt. cxx., mucilag. ℥j., tr. opii ʒi., aquæ menth. p. ℥iiij., m. ℥s. qq. 2da hora; omit powders; same diet.

9*th.* No material change. Same treatment and diet.

10*th.* No change for the better. Symptoms as yesterday; skin dry and harsh, natural temperature; pulse feeble and irritable; tongue dark red, and showing the marks of the teeth about the edges. Considerable tenderness in right iliac region; bowels rather loose. Continue treatment and diet; apply blister to part.

11*th.* No change. Symptoms the same; blister has drawn well; turpentine irritates bowels too much, omit it; ℞ Calomel. gr. ss., pulv. Doveri gr. iij. M. qq. 3ta hora s., same diet.

12*th.* Gradually failing. Extremities quite cold this morning; no appetite; pulse extremely quick (over 140) and very feeble; bowels very loose. ℞ Mist. cretæ ℥iv., tr. kino, tr. opii, aa. ʒss. M. ℥ss. after each liquid stool; omit powders; wine, generous diet.

13*th.* Took wine liberally all day yesterday, which has revived him much; skin warm and slightly moist; pulse fuller and slower; appetite improved; abdomen still hard, and slightly painful on pressure. Continue same treatment and diet as directed yesterday.

14*th.* As yesterday. Wishes for mush and molasses—allow it; continue treatment.

15*th.* Appetite improving, otherwise as yesterday. Apply emp. episp. 6 × 8 to abdomen; continue treatment and diet.

16*th.* Rather better. Pulse fuller and slower; bowels more regular, and stools healthy colored; appetite improving; abdomen less hard and swollen. Continue treatment and diet; wishes some preserved chicken—allow it.

17*th.* Improving slowly; appetite good. Continue treatment and diet.

18*th.* Improving slowly. Abdomen irregular, hard, and less painful on pressure. Same treatment; generous diet.

19*th.* Slowly improving. Sat up in his cot for an hour or so; appetite good; no thirst; slight pain on pressure on abdomen. Continue treatment and diet.

20*th.* Improving. Continue treatment. Chicken and eggs.

21*st.* Improving slowly. Abdomen softer, except a small spot in the left iliac region, which is very much indurated; pulse 110, fuller and softer. Continue treatment and diet.

22*d.* Improving slowly. Continue treatment and diet.

23*d.* Abdomen somewhat distended, but is soft and natural, except in left iliac region, which is rather hard; no pain on pressure. Continue treatment and diet.

24*th.* Improving. Same treatment and diet.

25*th.* Improving. Appetite good; is gaining strength fast; pulse still over 100, but fuller and less quick; tongue clean; no pain. Continue treatment. Chicken.

26*th.* Improving. Is gaining strength rapidly; walked out to-day. Continue treatment and diet.

27*th.* Improving. Same treatment and diet.

30*th.* Convalescent.

Feb 9th. Surveyed, condemned, and sent to the U. States.

PART SECOND.

Critical Analysis.

ART IX.—*Clinical Lectures on Surgery. Delivered at St. George's Hospital.* By SIR BENJ. C. BRODIE, Bart., etc. Phil.: Lea and Blanchard, 8vo., pp. 352.

THIS is one of the most practically useful works on surgery that we have ever met with. It presents to us, in a plain familiar style, the experience of a man, who stands at the head of the surgical profession in Great Britain, and that, too, gathered through a long life of extensive practice, guided by a sound judgment, and the most copious knowledge. There is no author of the present day who is more deservedly popular than Sir Benj. Brodie, and for this we believe he is more indebted to his strong common sense and practical tact, than to any other quality whatever. We should be pleased to copy the whole of this work into the Journal, had we space, as every page abounds in important practical precepts of daily application, but as we can hardly do this, as the next best thing, we would advise our readers to buy the book, and thus save us the trouble of quotation.

In the Editor's Preface we read as follows:

> " But little attempt has been made at arrangement in this volume, as it must necessarily have been imperfect, from the manner in which the Lectures were delivered,—most of them having been given in distinct series, with frequent references to those of the same course, and that order could not, therefore, have been changed, without breaking up their connection, and altering the language—a liberty the Editor conceived to be unjustifiable."

We are glad to find this deference paid to authors, whose works are republished here; for it must be acknowledged that we have given some provocation on this side of the water, in relation to this matter.

In a recent No. of the Medico-Chirurgical Review (Oct., 1845), we notice some very severe remarks on this subject; among other things, the reviewer says: "The Philadelphians are fond of this sort of outrage on courtesy and integrity. It is a very smart thing to appropriate another man's labor, and copy his drawings, and *revise* his work for the American public. They seem to have an establishment for the purpose. No sooner does a good book come out in England, than forthwith an Editor transforms it into an edition suited to the American market, etc." Again: "We really wish these gentlemen would leave us alone. We can readily spare their fraudulent courtesies, and we prefer to prosper or decline in our own proper person and dress, and the only thing we fear is, to be appropriated or absorbed in by Dr. Paul Bech Goddard."

Our English friends forget that this question, like every other, has two sides. They cannot be ignorant that for want of an international copyright law, &c., this process of "absorption" and appropriation has been mutual. Who began it, we cannot say; we think it more than likely that from the force of circumstances we first tried our hand at it; but it was not long before our English friends paid us back in the way of reprisals. If in this war of privateers we have had our literary Capt. Kidds, England has had her Admiral Cochranes; and which has carried off the heavier prizes may probably admit of doubt. That American authors have no desire to poach on the literary preserves of Great Britain is evident, from the fact that they have been endeavoring for years to obtain an international copyright law, which would secure to foreigners that reward for their labors to which they are justly entitled, and which would also give *them an equal chance of remuneration for their own toil.* As long as the best foreign works can be had for nothing it is not very likely that American writers will receive much encouragement; all they ask is to be placed on an equal footing with foreigners, and a clear field and no favor; and they deem it gross injustice that, while every other branch of manufactures is protected, that of authorship should be left to take care of itself.

We beg our Medico-Chirurgical Reviewer, moreover, to bear in mind, that what has been done by us, in the way of editing or revising, has been done openly and above board; if there has been literary piracy, it has been acknowledged, and there has been no attempt to palm off as our own what really belonged to others. We have never concealed the origin of a book, by altering the title and preface, and suppressing the author's name; an occurrence which, we are assured, is by no means unfrequent with American books, when republished in Great Britain. (*Putnam's* "*Am. Tracts*," Lond. 1845, p. 85.)

This writer, whose opportunities as a London publisher no one can question, tells us that articles from the North American Review have been again and again "absorbed" into the pages of a London Review, whose age and respectability should have discountenanced such an act. He states, moreover, that "the transplanting of American Magazine articles into English periodicals, frequently in so disguised a shape that the exotic loses its identity, has become an ordinary occurrence." "Some works of fiction," he continues, "in their new names and English dress, could scarcely be recognized by their own fathers." The transformations of "Burton," into "Quebec and New York," of "The Infidel," into "The Fall of Mexico," of "Probus," into "The Last Days of Aurelian," and "Letters from Palmyra," into "Zenobia" herself, of "Young Maiden," into "English Maiden," and "American Traveller," into "African Traveller," are as sudden and ingenious, as the changes of a pantomime. "Charcoal Sketches" jump into the middle of London orthodox "three volumes," and leave their own name and their father's, on this side of the ocean.

Among other works that have been "absorbed" and "appropriated" by English publishers, we may name a Natural History, by W. Harris, a translation of Heeren, by Bancroft, a Greek Grammar of Mr. Everett, "Law of Bailment," by Judge Story, &c.; these have been appropriated, not only without saying "by your leave," but without giving even the names of the authors and translators. We have not a complete list of the American medical works that have been republished in England. We may, however, name, Webster's Epidemics, Rush's works, Hosack's Nosology, Ticknor's Philosophy of Medicine, Brigham's works, Beck's Medical Jurisprudence, Comstock's Nat. Philosophy, &c.

The question was put twenty years ago, by the Edinburgh Review, "who reads an American book?" and an examination of recent London catalogues shows, that within the last ten years alone, there have been republished ("absorbed") in Great Britain of American works; in Theology 68; in Fiction 66; Juvenile 56; Travels 52; Education 41; Biography 26; History 22; Poetry 12; Ethics 11; Philosophy 10; Science 9; Law 9; total, 382 works in ten years. We humbly submit then, whether it is fair in the Medico-Chirurgical Review to accuse us of "fraud," in republishing foreign works, when the same is done to as great an extent, perhaps, by his own countrymen. The injustice is mutual, the wrongs are mutual; let there be a mutual effort, then, to obtain a law which shall protect the property of each, and prevent criminations and recriminations in future.

ART. X.—*Caloric, its Mechanical, Chemical, and Vital Agencies in the Phenomena of Nature.* By S. L. METCALFE, M.D. *Second Notice.*

WE proceed, according to our promise, to give some account of the views of our author on Fever, and other diseases. In our youth, we were discoursing with one of the great lights of the medical world, on the views of a popular work on Fever; and asking his opinion of the value of it, the old gentleman said, very drily, "Sir, you would have been much better employed in sleeping than in reading it." And may not the same be said of many other works besides the one to which we allude? Except in the enumeration and classification of the symptoms, there is scarcely a work which assists us in the comprehension and treatment of Fever, although, in one form or other, it constitutes nearly nine-tenths of all the diseases of mankind. Dr. Metcalfe, therefore, very rightly opens his chapter on Fever, by saying:

> "How is it possible to arrive at a certain method of curing even the slightest disease, without knowing the cause of vital action during *health, which consists in the natural and pleasurable exercise of all the functions?* And if it be true, that no genuine 'physiological principle has ever yet been discovered,' how is it possible that pathologists should explain the phenomena of *disease,* which literally implies *pain,* or the *absence* of *ease;* and is always the result of some departure from the natural state of the functions? Such is the simplicity which pervades the infinitely diversified operations of nature, that a complete knowledge of any one disease would afford a key by which to unlock the rationale of all the rest. For example, it may be laid down as an axiom, that *fever or inflammation, whether general or local, is an essential condition of all diseases, except those in which the reaction is not sufficient to induce a preternatural temperature,* as in syncope, apoplexy, the worst forms of cholera, cold plague, tetanus, hydrophobia, and other spasmodic affections. Yet the most enlightened authors of the present day admit, that the theory of fever is wholly unknown."—*Ch. on Fever, p.* 1033.

In the notes on the next page, he confirms this statement by the following observations:

> "Dr. James Johnson observes, that the proximate *cause of fever*, and *other forms of disease*, is *totally beyond our comprehension.* Dr. Alison regards it as *unreasonable* to expect that we shall *ever* go far in explaining the *phenomena* of *fever*—the adaptation of arterial blood to the maintenance of vital action in general, and of circulation in particular, seems to be one of the primary laws or conditions of vitality, for which it is in vain to look for an explanation. Dr. George Gregory also says, if we cannot unfold the nature of the healthy vital actions, it is not surprising that pathologists have failed in explaining those which occur in disease."

That alternations of preternatural cold and heat take place in fever, is universally acknowledged, but what is the cause of these, remained to be discovered. Dr. Southwood Smith says, " Physiologists know so little about the mode in which animal heat is generated, that they have given no satisfactory explanation of its diminution or increase during disease." Hoffman, Stahl, and Cullen, and the principal leaders in physiology, maintain that the chill of fever is owing to some derangement of the brain and spinal cord, whereby the lungs, heart, and arteries, no longer receive their accustomed supply of nervous influence. But what this nervous influence is, they know not. Some, as Drs. Bright and Addison, tired of making the brain the seat of fever, have varied the theory by making the ganglionic nerves its seat. However, to show how little they have gained by it, they confess, " As we are ignorant of the nature and operation by which heat is evolved during health, we cannot offer any satisfactory explanation of the cause of its increase in fever and inflammation, unless indeed it *depend upon a more increased activity of the circulation.*" Now is not this explaining the fact by the fact? The increased circulation is one of the principal phenomena of fever, and this mere symptom is adduced as the cause of the disease! This is not only arguing in a circle, but arguing backward. The celebrated Cullen was certainly the greatest master of this " nervous influence" school, and he tried hard to make out a good case for the paradoxical position, that diminution of nervous energy was the cause of arterial excitement, and increased heat of the blood; but as he utterly failed, that which could not be done by so great a master, cannot be done by his inferiors.

In the midst of this uncertainty and ignorance, let us hear Dr. M. He has previously laid down the position, which he has most ably sustained, that animal heat, which is the cause of all vital action, is, like all other heat, the effect of caloric: that it is obtained by the chemical combination of the hydrogen and carbon of the venous blood with the oxygen of the air in the lungs, where the caloric evolved is combined with the blood, to be given out to the body for heat, and the performance of all the functions of life, in the course of the circulation: and that when this process is disturbed, the whole functions of life are disturbed. In fever, the proximate cause is a diminution of animal heat; which may be caused by cold or damp, directly; or by bad air, terror or depression of mind, indirectly, which diminish respiration, whereby the whole process of life is reduced. Dr. M. lays it down as an indubitable axiom, that " *every variety of constitutional disease is ushered in with a loss or deficient supply of animal heat.*"

The next position of Dr. M. is, that when the supply of caloric obtained by respiration is below a certain amount, the blood is not able to perform the functions of life; that nutrition, secretion, sensation, and motion, are all seriously deranged, if not suspended, and that, consequently, the first part of fever is then ushered in—the cold stage. The blood now being unfitted for the purposes of life, does not employ its caloric in the mode in which it does in health, in the maintenance of animal heat, and the performance of the various functions; and as the quantity of caloric which is acquired by respiration is greater than that which is used in nutrition, it necessarily accumulates, and is given out in the free state, which is the cause of the second, or hot stage. The hot stage continuing, the caloric which accumulates partially restores the functions of life, by giving increasing activity to the circulation, and secretion and excretion are restored for a time, producing the third, or sweating stage. But as the blood is not restored to its normal condition, as soon as the partial restoration of the functions has subsided, the cold stage returns, and the symptoms proceed as before. We quote a few passages on this subject from the work, that our readers may perceive the accuracy and closeness of the author's observations, and his clear and profound reasoning:—

> "The essential symptoms of fever are the same in every variety of it, whether brought on by the abstraction of caloric from exposure to cold and moisture, its expenditure by over exertion, or by the various causes which diminish respiration. But as the symptoms are most distinctly marked in the *intermittent* form of fever, I shall proceed to show, that all the morbid phenomena which characterize that type, may be traced to a reduction of the temperature and a vitiated state of the blood.
>
> "That the shuddering, or spasmodic condition of the body, is not the proximate cause of ague (as maintained by Hoffman and Cullen), but a secondary effect, arising from the loss or deficient supply of animal heat, is evident from the fact that the same spasmodic condition is induced by immersion in the cold bath, and by exposure to the fumes of carbonic acid. Nor is it less certain that the small and feeble pulse which marks the cold stage, is induced by whatever diminishes the temperature of the blood, the circulation of which through the lungs being impeded, causes anxious and difficult respiration. The surface is pallid or livid, because the blood is imperfectly arterialized; while the features are shrunk, and the extremities diminished in size, because they are not duly supplied with blood. For the same reason, the bowels are torpid, perspiration is checked, and there is a deficiency in the urinary secretion, which is pale or colorless; and as the blood is no longer depurated by the excretion of those substances which pass off by the emunctories during health, it becomes still further vitiated. For example, as about six pounds of matter are discharged every twenty-four hours from the lungs, skin, kidneys and bowels, it is manifest, that when this superfluous matter is retained for only a short time in the blood, its vital properties must be proportionably deranged. What then must be its condition after all or the greater part of the excretions have been locked up for several days, as in most cases of fever?
>
> "In the meantime, as the brain and nervous system are no longer supplied with good arterial blood, there is a loss of sensibility, impaired memory, confusion of thought, headache and stupor, which, in some cases, approaches the condition of apoplexy. That the loss of appetite, nausea, and vomiting, which attend the cold stage, are the consequence of a deficiency of good arterial blood in the capillaries of the stomach, is evident, from the fact, that the very same symptoms are produced by excessive loss of blood, intense cold, mephitic gases, the rarified air of high moun-

> tains, emetics, narcotics, and other poisons,—or whatever debilitates the stomach, stops the secretion of the gastric juice, and the process of digestion:—the consequence of which is, that no chyme is formed during the cold stage of fever, to unite with the bile, which therefore accumulates in the gall-bladder and duodenum, until discharged by vomiting or purging. It is therefore obvious, that the cause of fever is not an excess of bile, as maintained for the last two thousand years; nor debility of the brain, and a spasmodic state of the extreme vessels, as maintained by Cullen; nor inflammation of the stomach and bowels, as supported by Broussais; but that the primary cause of these and all the other symptoms is a loss or deficient supply of caloric, the animating principle, and a consequent vitiated state of the blood, to which may be traced the universal debility of the brain, stomach, bowels, voluntary muscles, and the general feeling of soreness, with an aching in the back and limbs. Such are the cardinal symptoms that mark the cold stage of intermittents, which are invariably ushered in with diminished respiration, circulation, sanguification, nutrition, and secretion."—(Pp. 1041, 1044.)

We are here presented with a masterly and philosophic account of the phenomena of fever, as far as the cold stage; and, in our opinion, the cause of all is made apparent.

The same power of investigating causation is manifest in the whole chapter on Fever, which is laid open with a clearness which reminds us of the great masters of the science. We think we shall not do justice to the author unless we let himself explain the phenomena of the hot and sweating stage, and we therefore cheerfully quote again from his work.

> "But as the process of breathing, although much impeded, is still carried on during the cold stage; and as very little of the heat thus obtained is employed in combining the blood with the solids, and maintaining the various secretions, it gradually accumulates, until the temperature under the tongue rises to 104° or even 107°; the consequence of which is, that the action of the heart becomes more frequent and vigorous, by which the blood is propelled with increased force into all parts of the body; and the general torpor that existed during the cold stage is gradually removed.
>
> "It is worthy of special notice, that as a larger amount of blood is now sent through the lungs than in a state of health, so more carbon and hydrogen are given off to unite with atmospheric oxygen: so that more caloric is obtained by respiration, and imparted to the blood, during the hot stage than during health, as is proved by the experiments of Jurieu, Nysten, and McGregor; the tendency of which is to improve the vital properties of the blood, by increasing the chemical function of the lungs by which it is formed and renovated, as shown by the bright and florid hue which it assumes, the redness it imparts to the skin, and its increased power of coagulating when drawn from the body; compared with its dark, grumous and vitiated state, during the cold stage.
>
> "But as it is some time before the nutritive properties of the blood are restored, even after respiration is re-established, the caloric thus obtained is imperfectly transferred to the solids; so that there is often a feeling of chilliness, while the patient feels preternaturally warm to another person, until a full development of the hot stage. The secretions remain for some time suspended, as shown by the clammy state of the mouth, fevered tongue, dry skin, and thirst. The urine is scanty and high colored during the hot stage, but contains a larger amount of urea and nitrogenous compounds than in a state of health. Yet, whatever amount of animal heat may be obtained by respiration, it is incapable of performing its vital healthful office, until the blood is restored to its natural state.
>
> "In ordinary cases of intermittent fever, the natural tendency of the hot

stage is to limit its own duration, and put an end to the paroxysm, by augmenting the respiration and action of the heart, by which the vital properties of the blood are improved, and it is sent freely into all parts of the body; when the previous torpor of the brain, stomach, intestines, and voluntary muscles, is succeeded by an increased activity of all the functions;—the effete matters which had accumulated in the blood, and vitiated it during the cold stage, are carried off through those natural sewers, the skin, kidneys, and bowels, when the sweating stage comes on, and puts an end to the paroxysm."

Here, as it seems to us, for the first time in the science of medicine, is there a real cause assigned for every phenomenon of fever, and a philosophic rationale propounded. Whoever shall receive and thoroughly digest the above views of fever, will undoubtedly be capable of treating the disease better than he ever was before. He will be assisted to understand its cause, and Nature's mode of cure, which he is to imitate; and he may safely trust to such a guide. We cannot but express the conviction that there will be a complete revolution in the treatment of disease, on the dissemination of these views among the medical profession. There is room enough, and plenty of suggestions, for such an enlightened mode of practice, as will constitute a new era in medicine. A greater blow is struck by this work at ignorant empiricism, and impudent quackery, than has been given them for many years, and more has been done to give the profession of medicine a place amongst the exact sciences than by almost any other work. But there is a problem about fever which we confess we did not expect even our author, ingenious as he is, could solve—its periodicity, especially the intermittent type. The singular difficulty of the case will be best put in our author's own words:

"But why do the paroxysms of intermittents return at nearly regular periods of twenty-four, forty-eight, and seventy-two hours, as in the quotidian, tertian, and quartan forms of this disease? Why is the cold stage longer, while the paroxysm is shorter in the quartan than in the tertian? And why is the cold stage longer and the paroxysm shorter in the tertian than in the quotidian? Why is the chill shorter and less distinctly marked in continued fevers than in intermittents? Why, in nearly all of them, should it come on more frequently in the early part of the day than in the afternoon? Why, in continued fevers, does the remission come on in the morning?"

After directing our attention to the periodicity of the phenomena of nature, in the laws of which we are directed to seek for an explanation of these phenomena, the author lays down a number of positions, which we would willingly quote, but for the space they occupy; the purport of which is—*that all varieties of fever are modifications of the same disease;* that *quartan* ague becomes *tertian*, *tertian* becomes *quotidian*, and *quotidian* becomes *continued* fever; that when a fever changes into a *more continued* form, the *hot stage* is *protracted;* and that the malignity of fever increases from the quartan ague to the plague; that *intermittents* occur in *spring*, *remittents* in *summer*, and *continued* fevers in *autumn;* that the most *malignant* are found in the *hottest climates;* that all *bad air* and *bad injuries* produce *fever;* and that those causes which produce *intermittents* are *less powerful* than those which cause *continued* fever. The author next deduces, from a large collation of facts, the positions, that the *various forms of fever* depend on the various degrees of the vitiated *condition* *of the blood;* that it is *more vitiated* in *tertians* than in *quartans*, in *quotidians* than in *tertians*, still more so in *continued* fevers, and increasingly so on to the *plague.* He then shows that in *catarrh*, the *slightest* form of fever, the *cold stage* is *longer* than in any other, and that the *length of the cold stage diminishes on to the continued fever;* and hence he deduces the principle that the cold stage is *long* in proportion to the *mildness* of the *cause*, and *short* in proportion to the *malignity.* He next shows that the *hot* stage is *long* in proportion to the *malignity* of the cause, and *short* according to its *mildness;* and, from the whole, proves that the *cold stage* arises from a *diminished supply of caloric and a vitiated state of blood;* and that the *hot stage* arises from *a temporary accumulation of caloric with the same vitiated* state of the blood; and that, consequently, the worse the condition of the blood, the sooner is the hot stage commenced, and the longer is it kept up. Hence the explanation of the phenomena of intermittents is this: that in the *quartan form* the blood is *least* vitiated, and therefore has a *long cold* stage, a *short hot* one, and is *soon removed* altogether, if the patient be removed from the cause of disease; but as long as the cause exists, after a sufficient length of exposure to injure the blood, a paroxysm occurs again. The cause increasing in malignity, the fever puts on the *tertian*, *quotidian*, *remittent* or *continued* form. This is certainly a remarkable solution of a difficulty, by one of the finest pieces of inductive reasoning which science affords, and is proof of rare and profound genius.

The following quotation from the author will justify the opinion which we form of him, and with this quotation we are obliged to conclude our observations and extracts on Fever:—

> "It still remains to inquire why the cold stage of fever comes on so generally in the forenoon; and why, in the continued form of the disease, there is a morning remission?
>
> "The solution of these queries will be found in the fact, that respiration is always very much diminished during the night, and arrives at the minimum about midnight, when all the energies of life are proportionably reduced; so that as the coldest part of the twenty-four hours is just before sunrise, if the body be not well covered, or its temperature maintained by artificial warmth, the chill comes on at an early hour, or some time before midday. In accordance with this fact, it has been observed, that in a large majority of cases the attack of epidemic cholera was during the night, or early in the morning."

Those diseases which are termed *nervous*, have been no less incomprehensible to medical authors than the *febrile.* How perplexing to the practitioner are hysteria, epilepsy, tetanus, and hydrophobia! What are the safe guides in such cases? On the one hand, authorities calling for depletion—on the other, demanding stimulation. What is the meaning of *nervous* diseases? How are the nerves *disordered*? What is the *function* of the nerves in the animal economy? To these questions, is there a satisfactory reply in the works on physiology and medicine? The student hopes to find all questions answered, and all doubts removed, when he enters on his professional career; but after arduous search for truth and knowledge, in every department he finds disappointment and vexation. He feels the truth of Professor Whewell's profound remark, that there has been no genuine physiological principle discovered yet; that is, no true appreciable cause of life—and consequently, no assignable cause of disease.

We hope to show that, in the comprehension and treatment of these diseases, Dr. Metcalfe has done as much for the profession and mankind, as he has done in fever; for if he has discovered the nature and cause of these diseases, the mode of treating them will be known, or at least capable of being known; and, what is of more consequence still, the means of preventing them. To show how valuable the labors of our author are, we quote from the work the following passage respecting the uncertain and contradictory views of high authorities on these diseases.

> "It was observed by Dr. Cullen, that 'as we know not the condition of the brain in the ordinary conditions of the will, we are ignorant of its state in all involuntary movements.' Mr. Morgan says, in a lecture on tetanus, 'we can take no credit to ourselves for curing a disease, respecting the proper treatment of which we positively know nothing.' Boerhaave supposed that 'convulsions are owing to a vigorous influx of nervous influence into the muscles.' Bichat refers them to 'a preternatural activity of the cerebral functions.' Dr. Billing says their primary seat is in the white medullary portion of the brain. Dr. Marshall Hall says they originate in the spinal marrow; and Liebig refers them to 'an unequal degree of conducting power in the nerves.'" (Pp. 102-13)

With regard to the treatment, Dr. Clutterbuck acknowledged before the London Medical Society, that everything had failed, and recommended that "*all the Samson remedies in the materia medica should be separately tried in succession!*" Who does not know that bleeding, cathartics, emetics, narcotics, stimulants, blisters, setons, issues, tonics, galvanism, magnetism, and mesmerism, have been and are tried, without reason or rule, in the treatment of these diseases; and that there is no settled principle ascertained to guide the practitioner? Let us hear our author, then, on the *cause of convulsion;* the chief characteristic of what are called *nervous diseases.*

> "*In all the higher orders of animals, convulsions are invariably produced by a great and sudden loss of blood—as when they are bled to death. They often follow excessive hemorrhage after parturition. Convulsions are produced by the sudden abstraction of animal heat from the body, without any loss of blood—as in the cold bath, &c. They are also produced by narcotic and other poisons, when introduced into the circulation. In the cold stage in intermittents, there is chattering of the teeth, trembling of the limbs, and a spasmodic state of the whole body. Convulsions are produced by strangulation, as in hanging or drowning—or by whatever greatly diminishes the process of respiration—as mephitic gases, the rarified air of high mountains, a blow on the head, or violent emotions of terror, and other depressing passions*".

We quote these passages in italics, from a series of axioms laid down by Dr. M., accompanied by abundance of proofs, that the *convulsive* state is invariably caused by a *loss* of the *power* and *energy of life.* In *malignant cholera,* where the temperature of the body is reduced from 10° to 20° below the natural standard, the inspirations down to seven or ten only in a minute, and the pulse imperceptible, the patient dies in *convulsions.* The excessive use of ardent spirits, opium, and mercury, produces *delirious tremors and convulsions;* and when these substances cause death, it is in that way. In the *last stage of Typhus, convulsions* come on and carry the patient off. In *Tic Douloureux,* where the sufferer is much weakened from the frequent recurrence of the pains, the slightest sudden impressions made upon the senses will produce convulsions. In the *coup de soleil* the prostration is complete even unto the appearance of death, and yet *convulsion* is one of the symptoms. In the convulsions of infants, arising from *teething*, nothing can be more marked than the diminished breathing and circulation anterior to the spasms coming on. In *hysteria*, the *fainting* and *inanimation* come on before the *convulsions*. In *hydrophobia* and *tetanus,* the *prostration* is alarming before the *convulsions* or *spasms* come on. In the case of the convulsions of infants soon after birth, life seems either never to have been fully established, or to be nearly extinguished ; and puerperal convulsions never occur until the woman has been exhausted by long-suffering. So Dr. M. concludes, from the fullest examination of the subject, that "it is not possible that any spasmodic disease can exist, as long as the brain and rest of the body are well supplied with good arterial blood."

After showing that *Epilepsy* invariably follows the same rule, being the result of diminished energy of the brain, Dr. M. proceeds to give some very philosophic reasons for the truth of his theory.

> "In all cases, the more suddenly the brain is deprived of good arterial blood, and its power of commanding the movements of the muscles destroyed, the more violent is their spasmodic action. As the brain receives about five times more blood in a given time, than an equal weight of the body in general, whatever diminishes the chemical function of the lungs, abolishes its power sooner than that of the muscles. These continue to contract for some time after the guiding power of the brain has ceased—and therefore in a spasmodic or involuntary manner. The brains of infants are larger and receive more blood in proportion to the size of their bodies, than those of adults ; which is the reason they are more liable to spasmodic affections. In cases of decapitation, the muscles contract with more or less violence, until the vitality is extinguished ; which clearly proves that spasms are not owing to 'a vigorous influx of nervous influence into them from the brain.' as maintained by Boerhaave and other pathologists ; nor to 'an increased activity of the cerebral functions,' as maintained by Bichat and his disciples. Nor is it less manifest that in cases of epilepsy, the power of the brain is nearly arrested, while the muscles continue to contract with great force. In cases of cholera, when the respiration is greatly diminished, the blood is not sufficiently vitalized to enable the brain to command the movements of the muscles, although the blood in the muscles still causes them to contract. This is the case in hysteria, chorea, infantile convulsions, subsultus of typhus, &c."

The mysterious office of the nerves has received a more complete development from Dr. M., than from any other physiologist. He maintains the doctrine, that they are mere *conveyers* of sensation, and that the brain is the *directing* organ of the whole ; that the brain does not *give life* or *motion* to any part, but simply *presides* over and *directs* the motions of every part. And this he sets forth by a large collation of, and induction from, facts. Circulation, and therefore life and motion, belong to plants which have no nerves. Many of the lower species of animals have no brains, and yet have motion ; and of those which have brains some move even violently, after the brain has been removed for hours, as in the case of eels and other reptiles.

What conclusion do we draw from these facts respecting the treatment of convulsions and other nervous diseases? That everything ought to be done to restore the blood to its proper quality and quantity, and that all contrary treatment is so much done towards aggravating the symptoms. Yet how frequently are large quantities of the fluid of life drawn away from the circulation, and poisonous substances mercilessly poured into the blood? Calomel, tartar emetic, opium, belladonna, hemlock, veratrine, and such substances as are known most rapidly to decompose the blood, are largely forced into it, internally and externally, and all without the slightest principle on which to act. That so many survive the poisoning process, is a wonder.

But we must hasten to give a brief view of our author's views of sanguification, nutrition, sleep, temperament, inflammation, reparation of parts, and the action of medicines. Starting from the resting-place of other men, who have, with patient industry, collected the facts respecting the blood, Dr. M. states that the reason why the blood in the *left ventricle and aorta* is of *higher temperature* than that in the *right ventricle and vena cava*, is, that the blood, in the process of nutrition, is deposited in the course of the circulation, invariably according to the following law of nature—that that which is to be deposited, must have more caloric in its composition than the substance with which it is deposited. This grand law has been ably set forth by our author, who maintains, as we think successfully, that the blood is incapable of performing the function of nutrition, unless its temperature be higher than that of the solids; and that the constant transition of heat to the solids in the deposition of the particles of blood, is the means of maintaining the temperature and life of the body. Consequently, when there is not a sufficient quantity of caloric combined with the blood in the lungs for this purpose, no matter from what cause, whether the defective or improper condition of the blood, or of the air; circulation, nutrition and animal heat are diminished, and there is no other mode of restoring these functions, than by renewing the blood with fresh aliment and sufficient respiration; the process of the blood's combination with the solids being the same as that of *coagulation.* Nothing certainly can be finer and profounder in philosophy, than the chapter on nutrition. It appears to us to be a *chef-d'œuvre* of science.

Connected with this, is the important phenomenon of animal motion. Probably there is no subject on which physiologists have spent their time and labors to so little purpose as on this one of animal motion. They have ascribed it to the *brain* and *nerves*—to a particular fluid called *nervous fluid*—to *electricity* and *galvanism*—*cum multis aliis.* But Dr. M. has demonstrated, in the *mechanical* and *chemical* parts of his work, that *caloric is the cause of* ALL *force and motion—and that it is expended in producing force and motion.* Consequently, in the production of *motion* in the human body, there is an expenditure of caloric equal to the amount of motion. Hence the necessity of the constant renewal of the blood in the lungs by respiration—and the reason why over-exertion produces the same symptoms as exposure to cold, poison, or other causes of disease. The cause of life and health has been used more plentifully than it has been obtained, and the proper balance being wanting, disease follows of course.

On sleep, our author has been exceedingly felicitous. His caption, from Shakspeare, is one of those profound intuitive revealings, in which that mighty poet and philosopher abounded. To a mind such as our author's the whole theory of sleep is here drawn out with brief but wondrous power and striking beauty:

> "Sleep, that knits up the ravelled sleeve of care—
> The birth of each day's life—sore labor's bath—
> Balm of hurt minds—great nature's second course—
> Chief nourisher of life's feast."

The renovating power of sleep is so remarkable that no one can have been unobservant of it: yet what sleep is—in what it consists—has been a mystery to all physiologists. The following axiom laid down by Dr. M. is the basis of his chapter: "*The proximate cause of sleep is an expenditure of the substance and vital energy of the brain, nerves, and voluntary muscles, beyond what they receive when awake, and the specific office of sleep is* THE RESTORATION OF WHAT HAS BEEN WASTED BY EXERCISE." The whole of the body requires sleep for its invigoration, but the brain requires it most absolutely. As long as we are awake, although every other part of the body be free from expenditure, yet the brain constantly expends—and if not renewed by sleep, would be exhausted. Thus, in great suffering, as in protracted labor, the woman sleeps soundly between the pains—and after long continued exertion of mind and body, sleep is proportionally long and sound. A celebrated statesman, lawyer and orator of England, Lord Brougham, after two or three weeks of unremitting labor, has been known to sleep from 24 to 36 hours at one time, and then "awake refreshed as a giant." Menander has well said, *Υπνος πασης εστιν ὑγιεια νοσου*, "Sleep is a remedy for all diseases," and our author has most admirably set forth the medicinal properties of sleep. But the chief point to which we call attention is the beautiful manner in which the author has sustained the theory with which he set out, that caloric is the agent in all the operations of nature. The brain, anterior to sleep, was deficient in caloric, and consequently unfit for its function. By repose, caloric, the vital principle, is added in sufficient quantity to restore the brain to its normal condition; and health, activity, and happiness, are the result.

Children require more sleep than adults, because of their rapid growth and unwearied activity. If deprived of sleep, they will lose the character and the qualities of youth, and dwindle into premature old age. Persons recovering from long illness invariably require much sleep—and it is common for a woman on the termination of her labor to sink to sleep. The vital principle having been exhausted, needs large replenishment. Some physiologists have supposed that nutrition is carried on only during sleep, but this cannot be the case; because, as Dr. M. has shown, the maintenance of animal heat depends upon the transference of caloric in the process of nutrition from arterial blood to the solids. It is not merely the circulation of the blood through the body which maintains the animal heat, but its transference in the deposition of the particles of the blood. Consequently, if the process of nutrition ceased, the maintenance of animal heat would cease, as in the cold stage of fever.

Nothing can equal the beautiful and wise contrivance for maintaining the whole of the functions of man's body, by one process, simple in performance, but complicated in result. Upon the transfer of the caloric of the blood to the solids, depend nutrition, the temperature of the body, the sensibility of every part, motion, thought and feeling—and when this is interfered with or interrupted, every function of life becomes changed. The body becomes chilly and wastes, has no feeling, or suffers pain, is weak and incapable of motion, or compelled to move painfully—every thought is indistinct or imperfect, and every feeling perverted. The perception of this beautiful scheme of physical existence was reserved for the distinguished author, whom we are attempting to review, but in a manner, we fear, short of the true appreciation of his merits

Ever since the days of Hunter, inflammation has been a fruitful theme of discussion, and subject of investigation. The authors have ranged themselves in two opposite ranks; those on the one side maintaining that there is increased arterial action in inflammation—those on the other contending that there is diminished action. Great names are to be found on both sides—but the essential character of inflammation not being understood by either, the question remained *sub judice*. Sir A. Cooper confounded inflammation with nutrition, because in the case of fractures and other injuries, inflammation precedes reunion or reparation of parts. Now nothing can be clearer than Dr. Metcalfe's reasoning, that inflammation is the result of interrupted circulation of nutrition; that in nutrition, the caloric of the blood is transferred to the solids with the deposition of the particles—but that in inflammation, the caloric not being employed in the transference of the particles of the blood to the solids, it is accumulated and given out in a free uncombined state, causing heat and pain. John Hunter mistook cases of nutrition in accidents for inflammation; and hence his error in asserting that the temperature of an inflamed part never rose higher than the temperature of the blood.

Dr. M. contends that the causes which produce inflammation are of the same kind as those which produce fever—debilitating; and that in every way they obstruct, diminish or stop the circulation, or poison the blood and suspend nutrition. The inflamed part becomes incapable of circulating the blood, and it is therefore obstructed in its passage; the weak vessels become distended by the force of the blood from the heart—hence swelling and throbbing; the part is no longer nourished—hence preternatural coldness, heat, and pain; and as the blood can be vitalized only by passing through the lungs, any part of it which cannot pass through in the proper course of circulation becomes disorganized and produces fever.

We apprehend that the views of the author will be most beneficial in their effects on the profession. The true cause of inflammation being known, men will know what to avoid, and do. The disordered blood being the cause of inflammation—the indications of cure are, to discover how the disorder was produced, to remove the causes, and adopt such means as will restore the blood to its normal condition. We might here dilate largely on the rationale of bleeding, but we have not space, and must for the present leave the intelligent physician to consider this subject for himself. We venture upon one question only. Does *bleeding* alter the *nature* of the *blood?* Here is an ample field for research.

We find that our space is filled up ere we have the opportunity to give a bare outline of the novel and instructive views which we meet with in every chapter, and almost every page. On the subjects of temperament, influence of climate, and action of medicine, the author shows profound investigation, and acute perception both of error and truth. In the chapter on "The Unity of the Human Race," there is the most masterly settlement of this perplexing philosophical question. Ancient and modern learning, history, philosophy, and physiology, are brought into one grand intensely luminous focus, and the unity of the race is demonstrated with a clearness and power which we have never seen surpassed.

The work resembles the beautiful system of nature, which it is designed to illustrate—the longer we examine it, the more beauties do we find in it. Embracing, as it does, the whole phenomena of nature, from the myriads of orbs immeasurably great, to the minutest particles of matter—investigating the cause of substance, form, and motion—formation, decomposition and transformation—the endless properties of matter—beginning with the nature and condition of atoms, their combinations and decombinations, properties and powers—proceeding to the composition of gases, fluids and solids—exploring the secret processes of adhesion, attraction, solution, and crystallization—advancing to the subtle mysteries of electricity, the winds, the rain, the hail, the mists, the dews, and fogs—the heat and cold, and all the changes of the weather—examining the hidden processes of organization, in the vegetable and the animal world—exploring the mysteries of circulation, and animal heat, and setting forth the wonders of respiration, digestion, sanguification, coagulation, nutrition, secretion, reparation, reproduction, sensation, and muscular motion, sleep, life and death, disease and health—ascertaining the origin of nations, languages, customs, habits, and manners—assigning the cause of all the facts of climate, and of all the geographical, geological, and astronomical phenomena—and showing that throughout the whole range of nature, whether among suns and planets, continents and seas, mountains and rivers, winds and rains, torrid or frigid zones—tropical forests and plains, or polar icebergs—the formation of a rock, a river, a tree or a flower—an animal, whether low as a polypus, or lofty as a philosopher—every thing and being, every substance, motion, and change, every process and performance, is the result of one and the same agent: and that, howsoever infinitely varied are the processes and performances, the agency is the same—that the sustentation of suns in their centres, the motions of the planets around them, the phenomena upon their surface and within their substance, the position and movement of every atom as well as every system of worlds, is owing to the same cause, and that cause is caloric—such a work has pre-eminent claims to the title of philosophic, and deserves the homage of mankind.

The author, we believe, is fairly entitled to the credit of being the first philosopher who has perceived, and successfully demonstrated the unity of causation in nature; and who has discovered a key whereby to unlock all her secret cabinets of wisdom and wealth. He is an American and a Kentuckian by birth and education; let America, and Kentucky in particular, do honor to him who has done service and honor to his country and the world. J. H. S.

Art. XI.—*Report to the Committee of the City Council, appointed to obtain the Census of Boston, for the year* 1845, *embracing collateral facts and statistical researches illustrating the history and condition of the population, and their means of progress and prosperity.* By Lemuel Shattuck. Boston, 1846.

The principal part of this book, which is a very elaborate account of the rise, progress and present condition of the Capital of New England, treats of matters foreign to the objects of a medical journal, and can therefore claim but little notice at our hands. It will be found highly interesting by those who hail from the "home of the Puritans," and who may desire to know the exact condition of the rapidly rising city, in every department.

In regard to its general character, we need only say that its author, to whom was confided the entire work of its preparation by the public authorities, sustains his already well earned reputation for indefatigable industry, faithful research, and judicious commentary. The parts which principally interest the medical reader are those which refer to the "Births, Marriages, and Deaths," and the "Public Health." Concerning these we give a few extracts of immediate interest.

Comparisons are made of the value of life among various classes of Boston, and between the inhabitants of Boston and the most favored of the English towns. The people who suffer most from the pressure of mortality in Boston, are the Catholics; so great indeed is the destruction among them, that the statement would hardly obtain credence were it not fortified by figures. Mr. Shattuck gives a diagram, by which he represents the comparative mortality of several distinct portions of people, with the following very wide results as to the number who pass the age of ten years; viz., of the select lives of Preston (one of the healthiest places in England), eighty-two out of every one hundred survive the age of ten years; in Newton, seventy-eight out of one hundred attain to that age; in Boston generally about fifty per cent. survive the age of ten; while of the Catholics of Boston only thirty-four per cent. enjoy the same immunity from death.

In Newton 38.75 per cent. survive sixty years, and 9.95 in Boston live to that age. This is a most extraordinary difference, and can only be accounted for upon the different condition of the circumstances of life of the respective communities.

In the number of this Journal for March, 1846, we took occasion, in noticing the Fourth Annual Registration Report of Massachusetts, to quote from an eminent English statist, a passage reflecting upon the sanitary condition of Boston and Lowell, and exposing an *apparent* low state of health in those places, and representing them to be in worse condition in this respect, than the worst towns in England.

We supposed at the time that some explanation might be given, which would relieve those places from that unfavorable presentment, and felt it a duty to publish the extract, that the parties interested should explain it if possible. Mr. Shattuck, in the work before us, takes hold of the subject earnestly; with what success, our readers can judge from the following extract relating thereto:

> "The first inquiry is, what are the ages of the population of Lowell?" [Mr. S. here gives a table of the ages of its population, which we need not copy.] He proceeds: "This exhibits a most remarkable population, more so, perhaps, than can be found in any other place. It is on the average young—but *peculiarly* so; for while the average age was 23.16 in 1840, and 23.57 in 1844, there were still only twenty-five per cent. under fifteen, indicating that it has a larger proportion belonging to the productive age than is elsewhere to be found. England had thirty-seven per cent. under that age. Is this condition of the population the result either of the *health* of the place, or of their occupations? Certainly not. Lowell is but twenty-one years old, and was built where nobody had lived before. Its population are mostly young emigrants from other towns, many of whom are operatives in the manufactories. And they are not to blame, neither is the health of the city to blame, because they are not old, for they have not had time to become so. It is the result of

unavoidable circumstances; but such circumstances as increase the health and productive energies of the people. It would be more probable that such a population should have children than an older one; and every additional child (among whom mortality is universally greater than among adults) adds a probable increase to the number of deaths. Young persons are almost the only persons that can die there, because there are few others to die. And, in an estimate of the average age, *it would take* TWENTY *deaths of children* under fifteen, to equal ONE person of sixty years of age. This, of course, must cause a very low average age at death; but instead of being evidence of inferior, it is rather an indication of superior health. For if the average age was high *in that population*, it would include a greater number of adults, which would be unfavorable. But without going into an argument, the following statement is enough for my present purpose.

"I have before me the printed 'Annual Statements of Deaths in Lowell,' for the years 1843, 1844, and 1845, from which, and the census of 1844, I have compiled the following table, showing the average age, the average annual deaths, and the proportion they bear to the population in three periods of life.

Classes.	Population in 1844.	Deaths in 3 yrs. 1843—1845.	Average age.	Average annual deaths.	Proportion in 100,	to Population One in
Under 15	6,595	576	2.44	192	2.91	34.35
15 to 60	18,137	469	30.28	156	.86	116.26
Over 60	397	44	71.36	15	3.77	24.46

"What is said in regard to Lowell is true, to a considerable extent, when applied to Boston. The rapid increase of the population of this city is principally owing to emigration from interior American towns, and from foreign countries. These immigrants are generally persons of the younger class, who are more likely to have, and do actually have, more children than older and more stationary populations. We acknowledge that our population is comparatively young. The risks of life, and especially infantile life, are increased by the increased density, and other circumstances of a city population; and in such a condition, the proportion of children dying will be greater, and the average age at death less, than among a population of different circumstances, even if both, on the average, enjoy equally good health."

Mr. Shattuck then gives a table prepared from authentic sources, presenting the number of the population at different ages, and also the proportion of the deaths at the different ages, of the inhabitants of Boston, Lowell, Liverpool, Manchester, London, Surrey, and England, by which it appears that Boston and Lowell are nearly equal to Surrey (the healthiest district of England) and far in advance of either of the other named places, in public health, and showing that the chances of life, on the average of all ages, are 133 per cent. better in Lowell than in Liverpool.

From these data, Mr. Shattuck deduces the following important and very just conclusions:

"1. That the principle of taking the *average age at death* alone, as a *measure of the health* of different places, is incorrect and even absurd, when applied to places affected by immigration and other circumstance, as are Boston and Lowell.

"2. That this principle, when applied to places, or to classes of persons, without being combined with the number, increase, rate, and cause of increase, and other circumstances of the living, will be likely to mislead the inquirer.

"3. That the number of *births*, which take place in a given time in a population, and the number and *ages of the living*, as well as the ages at death, are indisputable elements of information for correct estimates and comparisons of the kind."

The following presents a view of the mortality, with the number of cases, or "attacks of sickness," which are supposed to have occurred in Boston, in 1845:

Population	114,366
Number of deaths (including still-born)	2,585
Number of cases, or attacks of sickness (2,585×28)* .	72,380
Years of life lost by sickness (72,380 × 3 ÷ 52) . . .	4,175
Loss of time, per cent. in years, of the population . .	3,65

There are some other interesting calculations given of the "Expenses of Sickness," "Preventible Sickness," &c., for which we must refer the reader to the book itself. Boston has 169 Apothecaries, and 226 Physicians.

J. H. G.

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* It is estimated by Dr. Playfair, that in Lancashire, in which Liverpool and Manchester are situated, for every death 28 persons are sick on an average for three weeks. These calculations appear to be confirmed in Boston.

Art. XII.—*An Inquiry into the Homœopathic Practice of Medicine.* By William Henderson, M.D., Professor of Medicine and General Pathology, and lately one of the Professors of Clinical Medicine in the University of Edinburgh. New York: Wm. Radde, 322 Broadway. 1846. pp. 154.

We remember a remark made to us by a sensible professional gentleman some time since, while conversing on the subject of homœopathy, that "when he found a single allopathic physician of acknowledged high standing, and in successful practice, leaving the ordinary practice and turning to homœopathy, then he should begin to believe that there was something in the new system." An instance of this has at length occurred, and so far as our knowledge extends, the first instance either in Great Britain or this country. Dr. Henderson, whose work we have now before us, occupied the distinguished post of Professor in the University of Edinburgh, and no higher guarantee can be required to establish his claim to be regarded as a man of education and high standing in the profession; a claim, indeed, we believe, admitted by his opponents. But this is not his highest claim to attention. He has given us the detail of one hundred and twenty-two cases of disease treated by him after the homœopathic method; cases observed in his ordinary practice, recorded at the time of his attendance, and published without reference to the results. This, all will admit, to be the true way of arriving at the truth. The experience of a well educated man is laid before us, and we are called upon to decide, not upon his opinions, but upon his facts.

The one hundred and twenty-two cases published by Dr. Henderson, with barely an exception, belong to the great class of what are called functional disorders. He gives us very few cases of organic disease, and does not pretend to be more successful in the treatment of these, for the most part, incurable affections, than the allopathic practitioner. But in the treatment of a large number of functional disorders of various kinds, his success appears to us to have been surprisingly great. Dr. Forbes, in his recent and well known article on this subject, admits that the amount of success obtained by Dr. Henderson would have been very satisfactory had he treated the same cases by the ordinary rules of practice. After a careful perusal of the cases, we are disposed to admit more than this. Taking all the cases together, and admitting, as we cheerfully do, that Dr. Henderson has reported them honestly, we look upon his success as more satisfactory than any that has fallen under our observation.

We would not be misunderstood in this matter. This is the first book on homœopathy that we have ever looked into. We have long ago, and we think with great advantage, adopted the plan of trying no new remedies or new systems of practice until they have been tried and adopted by men of the highest standing and experience in the profession; but here is before us a series of cases carefully reported, and cases, too, of a kind with which we are all familiar, and we do not hesitate to judge of them as of other reported cases, by the fulness with which they are stated and by the general results. As to the remedies employed, and their particular mode of application, we do not feel competent to discuss these points. Many of the remedies are entirely unknown to us, even by name; but we do profess to have seen enough, and to have read enough of the ordinary cases of disease to form a fair opinion of their general character, and of the success with which they have been treated.

The more important of the one hundred and twenty-two cases reported by Dr. Henderson may be classed as follows:

Acute Tonsillitis	8.
Dysentery	8.
Erysipelas of the face	4.
Cephalalgia	11.
Dyspepsia	17.
Constipation	9.
Amenorrhœa	8.
Menorrhagia	3.
Dysmenorrhœa	4.
Chronic Cutaneous Diseases	9.
Chronic Rheumatism	4.

It has often been stated by allopathic practitioners that a large part, at least, of the success claimed by homœopathists, may be attributed to the over-dosing of patients by the ordinary practice. We are disposed to believe that there is much truth in this. It has also been stated by the same authority, that another element of their success is the powerful effect that a complete and radical change in practice produces on the imaginations of a susceptible class of patients. There is also probably some truth in this. But a careful perusal of Dr. Henderson's cases tends to weaken both these impressions, for many of his cases had not been treated by other practitioners at all, others had not taken any medicine whatever for a long time, while those who had been treated allopathically, had in many instances been attended by gentlemen whose reputation has even extended to this country. Again, it is difficult to suppose that so large a number of patients, composed of different classes in the community, and whose cases have not been selected, should have had their imagination so powerfully affected as to account, in any great degree, for the success of the treatment.

Again, it has been maintained, and none have been more ready to adopt this view than ourselves, that homœopathy is a grand experiment of the powers of nature in the cure of disease—of nature, assisted by the removal of noxious agents, as bad medicine, bad diet, &c., and by the substitution of means which tend to improve the general health, as change of habits of life, exercise, cleanliness, &c. But the perusal of Dr. Henderson's cases tends to weaken somewhat our previous opinions on this point, for in many cases the patients had taken no previous medicine, and were ordered no particular change in diet or regimen, and the success, provided we can depend on the truth of the reports, was too immediate in a large number of cases, and those of acknowledged obstinacy and long standing, to allow us to think that nature alone produced the decided results that are recorded. J. A. S.

ART. XIII.—*The Influence of Tropical Climates on European Constitutions.* By JAMES JOHNSON, M.D., Physician to the late King, &c. &c. And JAMES RANALD MARTIN, Esq., Late Residency Surgeon, and Surgeon to the Native Hospital, Calcutta. From the Sixth London Edition, with notes, by an American Physician. New York: Samuel S. & William Wood, 1846.

THIS, *the Book* on Tropical Climates, scarcely needs commendation at our hands, and there is little in its many pages except the promulgation of sound truths, and as sound deductions. Almost any American medical man has read and been benefited by this early production of the lamented author; an author who has done more through his numerous works, with the "Medical and Chirurgical Journal," to mould correctly the medical opinion in these United States, than even any, or many of its eminent native writers. Anything like an analytical notice of this most excellent work, would occupy too large a space in a journal of our design; and indeed a just condensation would be a reprint of at least every second page.

The contents of this volume show the penetrating mind and correct observations of Dr. Johnson; many deductions, though made nearly twenty years since, strictly accord with the most modern scientific discoveries. The observations of the author, as those of later and recent writers, tend to the establishment of the fact, that the *mind* of man serves in a great measure to preserve his health and comfort. Animals transferred to other and different climates either perish, or if acclimated, they individually deteriorate, and this deterioration continues in their offspring. Man, by his superior mental development, continues to render his body comfortable by artificial clothing, and the erection of suitable shelter; as well as by avoiding the well known causes of disease, and the procurement of wholesome food. When a tropical animal would perish from cold in a far northern clime, man, by his ingenuity, would ward off the storms and snows of the inhospitable region. When, by the exercise of intellect, and by calling to his aid the experience of his fellows, the emigrant avoids intemperance, and thus resists, or lessens the deleterious effects of acclimation, he asserts his superiority to his less thinking companion, who, like the brute, perishes for lack of the exercise of reason.

This subject is intimately connected with the destiny of our race. If the transplanted vegetable or animal perishes, or deteriorates, so man, in some of the varieties, offers greater resistance to the influences of climate than others; while some deteriorate, others appear to receive an invigorating and progressive influence. It needs not that much should be said to illustrate this point.

The Caucasian race of men, wherever planted, assume a superiority even over the natives of their new home. The high tropical regions would seem to offer an exception to this rule; but put an American or European born negro, and a white man from either of these countries, on the shores of Africa, and the result will be decidedly in favor of the Caucasian.

Reverse this process, and take from his desert home the joyous African, and place him unassisted amid the storms and snows of a northern winter, and he is almost sure to perish; his mind, sympathizing with his torpid body, deteriorates. The American Indian pines and dies when removed from the groves of his fathers.

The Caucasian alone, stepping from his mountainous home, marches over plains and valleys, crosses rivers and oceans, conquering and dispelling darkness, and leaves a prominent and luminous track. Europe, under his sway, is enlightened. America is in the process; and China once entered, is destined to bow to his influence. Who shall deny to magnificent Mexico a destiny so desirable? What earthly power can arrest the march of the Anglo-Saxons?

Dr. Johnson promulgates these opinions not in words, but by facts; he demonstrates that man has the power of acclimation, not so much by reason of his bodily, as his mental constitution.

We have shown by illustration, that the Caucasians, by their peculiar organization, are better fitted for emigration than the other varieties of the human race; we think we are justified in the conclusion of the final universal occupation of this earth by our own race of men.

We would advise all who do not possess this work, and who value information and amusement, to obtain it. R. S. K.

Art. XIV.—*A Dictionary of Medical Science; containing a concise account of the various subjects and terms; with the French and other Synonymes; Notices of Climate, and of celebrated Mineral Waters; Formulæ for various officinal and empirical preparations, &c.* By Robley Dunglison, M.D., Professor of the Institutes of Medicine, etc., in Jefferson Medical College, Philadelphia. Sixth Edition. Revised and greatly enlarged. 8vo., pp. 808. Philadelphia: Lea & Blanchard. 1846.

The simple announcement of the fact that Dr. Dunglison's Dictionary has reached a sixth edition, is almost as high praise as could be bestowed upon it by an elaborate notice. It is one of those standard works that have been "weighed in the balance and (*not*) been found wanting." It has stood the test of experience, and the frequent calls for new editions prove conclusively that it is held by the profession and by students in the highest estimation. The present edition is not a mere reprint of former ones; the author has been for some time laboriously engaged in revising, and making such alterations and additions as are required by the rapid progress of our science, and the introduction of new terms into our vocabulary. In proof of this, it is stated "that the present edition comprises nearly *two thousand five hundred* subjects and terms not contained in the last. Many of these had been introduced into medical terminology in consequence of the progress of the science, and others had escaped notice in previous revisions." We think that the earnest wish of the author has been accomplished; and that he has succeeded in rendering the work "a *satisfactory* and *desirable*—if not *indispensable*—Lexicon, in which the student may search without disappointment for every term that has been legitimated in the nomenclature of the science." This desideratum he has been enabled to attempt in successive editions, by reason of the work not being stereotyped, and the present edition certainly offers stronger claims to the attention of the practitioner and student, than any of its predecessors. The work is got up in the usual good taste of the publishers, and we recommend it in full confidence to all who have not yet supplied themselves with so indispensable an addition to their Libraries.

ART. XV.—*Fragments of Medical Science and Art. An Address delivered before the Boylston Medical Society of Harvard University.* By HENRY JACOB BIGELOW, M.D., President of the Society. Boston. 1846.

THIS is an essay, of a somewhat rambling and discursive character, on the principal methods of investigation, which are adopted in the pursuit of medical science. The author's style is obscure, being loaded with figures, and strongely tinctured with metaphysical subtlety and transcendentalism. The essay, however, furnishes indications of an active mind, and of a considerable share of erudition, not confined within the narrow limits of medicine, but expatiating among "the diversified ramifications of pantology." The author labors to magnify the importance of medical science, while he seems to regard its practical application as a matter of inferior interest. On this subject, he uses the following language, "Lastly, do not lose sight of your science in your own intercourse with art. Science is knowledge, art is its application; science is of the head, art is of the hand; and the physician who obeys the indication of a sign, exercises a faculty possessed in common with the brute. Science is often independent of art; in the natural order of events, art precedes and leads to it, while science, in its turn, repays the debt with new applications of established truth. Nor is utility, or immediate subserviency to the well-being of man, any test of the character of scientific discovery. High scientific truth is often of limited application, while a gross invention of art, like printing, or accidental discovery, like the specificity of Peruvian bark, has proved of incalculable benefit to our race. But were science of no avail to the physical condition of man, while art continued to endow human life with comforts and luxuries, science would still remain an incomparably higher object of pursuit. In its widest sense, knowledge, it is the labor of the intellect; as far above the crude productions of the artisan, as the mind is above the material masses it inhabits. But the strivings of the philosopher who yearns to serve his fellow-man, are not thus paralyzed. The pursuit of science contributes to the physical endowment of the race; and beyond all other knowledge, beyond all human labor, ours aims at utility, the great end of the philosophy of Bacon."

The author appears to be no friend to operative surgery, if we may jndge from a paragraph, of which the following are the concluding sentences. "Surgery is not operative surgery. Its province is to save and not to destroy; and an operation is an avowal of its own inadequacy."

We think that we perceive in this remark, indications of a heresy which is often met with in medical writings, viz: that surgical operations are evils to be endured in consequence of the imperfection of our art, and not positive benefits confered upon the patient. There is no doubt that surgical operations are sometimes unnecessarily and unjustifiably resorted to, and that a more perfect state of the science and art of medicine would render it possible to dispense with these painful methods of cure, in certain cases in which now they constitute our only resource. But, on the other hand, there are many diseases and injuries, in which there is no reason to believe that any possible advancement in medical knowledge or skill can ever supersede the necessity of operative surgery. The practice of surgery, in the opinion of some medical men, is synonymous with the mutilation of the human body. This, however, is an entirely erroneous view of the subject; the mutilation is not the work of the surgeon, but it is the effect of the disease or injury which calls for his interference. For example, the limb of a man is crushed by a railroad car, by which the bones are comminuted, the muscles and integuments disorganized, and the vessels and nerves lacerated. It is evident in this case, that the surgeon who amputates the crushed and useless limb, is not the cause of the mutilation, which is the necessary effect of the tremendous injury to which the patient has been subjected. And it is equally clear that no improvement in surgical skill, nor anything short of a positive miracle, could prevent the sacrifice of the limb.

Another example is that of a cancerous lip, in which the disease has in a great measure destroyed the function of the organ, and threatens the life of the patient. The surgeon removes the diseased part and saves the patient from a loathsome disease, and a painful death. Now it is perfectly clear that it is not the surgeon, but the cancer, to which the destruction of the lip can fairly be attributed, and that the agency of the surgeon has been exerted to prevent a more extensive mutilation. The opponent of operative surgery may reply that the inability to cure a cancer is a proof of the imperfection of medical skill: to this we would rejoin, by asking the objector what would be the condition of the patient, if the cancer, instead of being situated in the lip, had been located in the stomach or liver, or in any other part of the domain of pure medicine? So far is operative surgery from being synonymous with the mutilation of the human frame, that many of its brightest achievements are entirely of an opposite character, being designed to repair the defects, and overcome the distortions to which many parts of the body are liable. The surgeon who performs a successful operation for the cure of a hare lip, or a club foot, or who restores a squinting eye to its harmonious action with its fellow, confers a direct and positive benefit upon his patient. And the successful operator for stone in the bladder, for aneurism, or for hernia, contributes more manifestly to the relief of suffering, to the preservation of life, and to the restoration of health, than the pure physician in the treatment of internal diseases. But surgical operations are sometimes followed by disastrous consequences. And is the treatment of internal diseases never attended with fatal mistakes? Could the veil be removed which hides from our view the insensible workings of diseases, and of remedies, we verily believe that it would often be found that the shaft which is aimed at the disease, inflicts a fatal wound upon the constitution of the patient. But the operations of internal remedies are unseen, and the physician escapes with his reputation unscathed, while the deeds of the surgeon may be "known and read of all men," and the unfortunate results of his practice often subject him to severe animadversion.

But we must bring these remarks to a close. We have been unconsciously drawn into a more prolonged apology for operative surgery than we had intended. In conclusion, we would advise the writer, if he should appear again before the public in the character of an author, to study simplicity of style, and to draw more deeply from the pure wells of English undefiled.

A. C. P.

Art. XVI.—*A Popular Treatise on the Diseases of the Teeth; including a description of their structure and modes of treatment; together with the usual mode of inserting artificial teeth.* By Robert Arthur, D. D. S., Member of the American Society of Dental Surgeons; 1 vol. 12mo. pp. 187: Philadelphia, Lindsay & Blakiston, 1846.

This work is, as stated on the title page, a popular treatise on diseases of the teeth, and as such, we at first felt inclined to have but little to do with or say for it. As a general rule, we are disposed to condemn all professional writings that are intended for general circulation, and addressed to the non-professional public; the object of their publication is, for the most part, to serve as an advertisement to puff the author, and they are often filled with the details of wonderful cases, which, as a matter of course, have been speedily and effectually relieved by the great skill of the individual who narrates them.

On a careful perusal of some of the pages of this little volume, however, we were gratified to find that we might with justice make it an exception, and as Dentistry is somewhat of a popular art, the importance of which is being daily more appreciated by families, we take pleasure in recommending the perusal of Dr. Arthur's unpretending Manual, not only to the profession, but to all those having the care of children, or who may themselves be suffering from the numerous evils that are constantly ensuing from the neglect of proper attention to the condition of the teeth and gums. The style of the author is plain and unassuming, and he addresses himself with great earnestness to the task which he has assumed, of calling public attention to a subject, which he may be excused for considering as of paramount importance ;—in many instances it is so in reality.

The remarks of the author in his concluding chapter are so just, and the advice given in regard to the selection of a Dentist, so full of good sense and fairness, that we cannot refrain from copying them. It might be well for the public if it would apply the rules here laid down, to the selection of Physicians as well as Dentists.

" As the preventive treatment, indicated in the preceding chapter, must be commenced, in order to be effective, at a very early age, before a child can feel the importance of preserving the teeth, it will depend upon parents or those who may have charge of children. As these, either in consequence of the want of a due sense of its importance, or of the requisite knowledge, may often neglect to take the necessary precautions, many persons will, on reading this treatise, find their mouths already in such a diseased condition as to be entirely beyond the reach of preservation by these means. To such we can only say that you must select some dentist in whose ability and integrity you have full confidence, and submit to a thorough course of treatment. The tartar, if any have formed upon your teeth, should be first removed ; and such teeth or roots of teeth as cannot be preserved, extracted. The gums should then be put in a healthy condition, and such teeth as are decaying, treated so as effectually to put a stop to the disease. If this treatment is commenced, do not allow it to be half completed ; for you will not, in that case, receive much benefit, but let it be continued till your mouth is placed in a healthy condition. If the treatment have been thorough and judicious, it is now as much in your power to prevent future attacks of disease, as if your teeth had always remained sound.

" But the question presents itself here : By what means are the qualifications of a dentist to be ascertained by the patient, as there are so many engaged in the practice of dentistry, for which they are altogether unqualified ? This, to some extent, may be done by all who will exercise a little discrimination, and judge according to the standard furnished by this work.

" The first requisite in a dentist is a good moral character. Inquire into his dealings with the world ; if in these he shows himself to be fair and honorable, you may, certainly, place more confidence in his desire to do well, what you may require him to do for you. But if he show himself disposed to defraud those with whom he has ordinary dealings, we would advise every one to shun him as a dentist, for if he will act dishonestly when there is every probability of detection, the field for imposition is here so ample, and so much sheltered from observation, that it is not likely he will let such an opportunity escape him unimproved. No matter how well you are acquainted with the principles, and even the details of practice, of dental surgery, you will be compelled to trust, in some degree, to the honesty of the dentist you employ ; especially as regards preservative operations upon the teeth.

" But a man may be as honest and upright, as possible, and yet be totally unqualified to practise dental surgery. For it does not follow that one who attempts to do that which he does not well understand, is necessarily an impostor. He may be fully persuaded that he possesses all the knowledge and skill requisite to constitute the most accomplished practitioner, and yet be ignorant of the very first principles upon which the art, in which he is engaged, is founded. In proportion to his ignorance will, perhaps, be his confidence. Of this class of persons there are many, we know, engaged in the practice of dentistry.

"Although this should be regarded a very great requisite, it will be seen that integrity of character, alone, does not constitute a good dentist, or, indeed, a good member of any profession. He must, also, have knowledge. Enter into conversation with him about his profession, and ascertain what he knows of its principles. But do not be blinded by a great array of technical terms—no sensible man, indeed, it seems to us, in talking to his patients will endeavor to thrust these upon them; if they are used, stop him at every sentence, if necessary, and demand an explanation; if he understand what he means, himself, this he will be readily able to give. A person of a small degree of penetration, if he have read with any care the preceding pages, will soon arrive at some notion of a dentist's theoretical knowledge. Allow him to examine your teeth, and see how his advice accords with the knowledge you may have acquired from reading the preceding pages.

"The author may safely recommend this course without exposing himself to the charge of presumption. The principles he has presented are not those upon which he, exclusively, founds his practice—they are those which are generally acknowledged as the basis of all good practice.

"But it is not only necessary that he possess integrity of character, and theoretical knowledge; he must, also, be well practised in the common manipulations. If this were not the case, every man could, in a little while, become acquainted with the principles of dentistry, and could then practise in his own family. But skill in this important department can be attained by practice alone. Theoretical knowledge, after all, is useful, so far only as it is a guide to thorough and efficacious practice. Inquire then of the dentist, if he is a young practitioner, or of those who may be acquainted with his history, where and how he obtained his knowledge of his profession, what were the qualifications of his teachers, and how much time was occupied in acquiring dexterity in the practice. If he is an older man, and has been for some time engaged in the practice, inquire amongst his patients, if they are accessible, how his operations have stood the test of time. Whether the fillings he inserted came out frequently. Examine the mouths of some of them, yourself, if they will permit you to do so, and ascertain if the fillings have the appearance described in another part of this book.

"Do not be deceived by plausible advertisements. If a dentist advertise that he is in possession of some valuable remedy unknown to any of the rest of the profession, be extremely cautious how you avail yourself of the advantages he offers. A man engaged in the practice of any profession which involves the health of the community, will not feel at liberty to conceal, for his own private benefit, any important discovery he may have made, but will freely communicate it. Suppose Jenner, when he discovered the effects of vaccination, had used it for his own benefit exclusively, he might, undoubtedly, have amassed untold wealth; but what would not the world have lost? A dentist, therefore, who, to attract the public to his establishment, claims the exclusive knowledge of some important remedy cannot, certainly, be regarded as possessing the first qualifications of a good dentist. It is very possible, too, indeed it is highly probable, for the thing occurs daily, that his great secret, if it is worth anything, has been long in the hands of the profession.

"Do not be taken in by the advertisements of what are called 'cheap dentists.' If the only inducement they offer for patronage consists in operating for less than what the majority of the members of a profession believe to be fair and honorable charges, this, it seems to us, is not sufficient to inspire confidence in their ability. They are, probably, the best judges of the worth of what they do, and estimate it accordingly."

In conclusion, we would repeat that we take pleasure in recommending Dr. Arthur's work for general perusal; it is a highly useful book; neatly got up; illustrated with numerous wood cuts; and reflects no little credit upon both the author and publishers. Dr. Arthur, we believe, is a graduate of the Baltimore College of Dental Surgery.

Art. XVII.—*Thoughts on the Connection of Life, Mind, and Matter, in respect to Education.* By J. P. Batchelder, M. D. Utica, 1845. Bennett, Backus, & Hawley. Pamphlet, pp. 84.

The general purpose of this essay is excellent. The necessity of regarding the laws of physiology, in the education of the mind, as well as of the body, cannot be too strongly urged. There is more to be learned than is set down in the horn-book of the pedagogue. A discipline which looks to the cultivation of the intellect, apart from its connection with the body, must necessarily, from the constitution of man's nature, prove barren of any useful result.

There is much of the author's doctrine that is orthodox, according to the generally received opinions of the ablest metaphysicians. No one will deny the intimate union which exists between mind and body. Voluntary and instinctive motions afford the most obvious illustration of this connection, which is further displayed by the influence of the passions and emotions upon the physical organization, and the mutual reaction of mind and body in disease.

It is indisputable, that the nervous system supplies the conditions necessary to the manifestation of mind. There is reason to believe that every mental act is accompanied by some change in the nervous matter. So far as our author, in the course of his essay, developes these well-established facts, for *they* are the results of experiment and observation, he has our concurrence; but not when he allows himself to transgress the limits of legitimate inquiry, and to indulge in an unsustained hypothesis like this,—viz.: "The secretion of the bile is performed by the capillaries of the liver; the *production of ideas by those of the brain.*" This is unsupported by one atom of proof.

The causes of such mental phenomena as ideas are beyond the reach of the human understanding, and are consequently not the subjects of legitimate inquiry. The physiologist should confine himself to the investigation of the general laws which govern the relation between mind and body, and not waste his efforts in the useless endeavor to discover the mysterious nature of that relation. There are ultimate facts in science, beyond which the modest spirit of true philosophy seeks not to pass. Our author's theory is but a revival of the physiological metaphysics of Hartley, Richley, and Darwin,—men forgotten in the general admiration of the more elevated philosophy of Reid and Stewart. Liebig remarks that "the efforts of philosophers, constantly renewed, to penetrate the relations of the soul to animal life, have all along retarded the progress of physiology." Such speculations have had a no less pernicious influence on the science of mind.

The author of this essay is evidently a studious and thoughtful man; capable of doing good service to science; it is to be hoped, therefore, that he will not allow such speculations to divert him from more useful inquiries.

R. T.

ART. XVIII.—*A Manual of Chemistry.* By RICHARD D. HOBLYN, A.M., Oxon., Author of a "Dictionary of Terms used in Medicine and the Collateral Sciences." New York: Samuel S. and William Wood. 8vo., pp. 335. 1846.

MR. HOBLYN's Manual has already been before the British public for five years, having been first published in 1841. It is an excellent work of its kind, and the author enters as fully into the subject as he can, and indeed as fully as is necessary in a Manual "prepared for the purpose of affording public or private instructions in the principles of Chemistry." He has stated "the most important facts and theories of the science in as condensed a form as the subject admits;" and we doubt not but that general students will feel much indebted to him for conveying to them, in so small and compact a space, all the information on this branch of science that it may be necessary for them to acquire. A series of recapitulatory questions is appended to each chapter, according to the plan adopted in Macgillivray's Manuals of Natural History, thus affording an excellent and sure method for impressing important leading facts strongly upon the mind. The reputation acquired by Mr. Hoblyn, who is now well known through his other works, especially his "Dictionary of Terms," renders it certain that the present volume will become a general favorite in this country.

The work is got up in a neat style by Messrs. Wood, and is illustrated by numerous and well executed wood-cuts.

ART. XIX.—*Valedictory Address delivered before the Baltimore College of Dental Surgery, at its Sixth Annual Commencement.* Feb. 16th, 1846. By CHAPIN A. HARRIS, M.D., D.D.S., Professor of Practical Dentistry and Dental Pathology. Baltimore, 1846. pp. 20.

THIS short address of Dr. Harris to the graduating class of the present year, in the Baltimore College of Dental Surgery, is published at the request of the students, and is a creditable performance, calculated to be highly serviceable to all young Dentists who will take the pains to read it. The author very properly dwells upon the importance of a thorough knowledge of the art of dentistry, which can only be obtained by close application, and a constant practice of the various operations which are required for the treatment of the diseases of the teeth and gums. We are glad to find that the *art* of dentistry is being elevated in this country almost to the rank of a *science.* The Baltimore College of Dental Surgery has contributed materially to its advancement, and we are happy to learn that the institution progresses rapidly in public favor, and is at present in a most thriving and healthy condition.

Art. XX.—*A Manual of the Diseases of the Eye; or Treatise on Ophthalmology.* By S. Littell, jun., M.D. One of the Surgeons of the Wills Hospital, Fellow of the College of Physicians of Philadelphia, &c., &c. Second Edition, revised and enlarged. 1 vol. 8vo., pp. 372. Philadelphia, 1846: Hogan and Thompson.

It is now ten years since this work was first published, and we are gratified to find that the call for a second edition has enabled the author to make such revisions and additions as the progress of ophthalmology has rendered necessary.

In regard to the merits of the work, we believe that it is pretty generally admitted to contain a complete synopsis of all the diseases of which it treats, together with much that is new and highly valuable. It appears to have been the object of the author to present the points of chief importance in the symptoms, causes, and treatment of each disease, with as much brevity, perspicuity, and at the same time with as much minuteness as the nature of his plan would permit; he has availed himself freely of the best sources of information; and "the result of his labors is submitted to the profession, in the hope, that though a small it may not prove an unacceptable offering." We entertain, in regard to it, the same views as those expressed in the following notice of the first edition, extracted from the *British and Foreign Medical Review*, which we are glad to see has been willing in this instance to do full justice to an American publication.

"Our limits will not allow us to notice the small work of Dr. Littell in detail; but after an attentive perusal of the whole volume, we confidently recommend it to the senior as well as the junior members of the profession. It is replete with information, yet so terse in style and compressed in bulk, as at once to entice and repay perusal. We agree in most points with the author's pathological inductions and practical precepts. The descriptions are short but comprehensive, while the treatment is characterized by great prudence: on the one hand avoiding the charge of inactivity and feebleness, on the other never risking the more serious results of chronic mischief and broken health from excessive depletion, or the depressing effects of violent mercurial courses; of which faults some of our own countrymen are not entirely innocent. It is no small triumph to Dr. Littell to be able to say, that he has introduced almost all that is valuable, and everything absolutely necessary to the student, within the compass of two hundred and fifty small pagess; and we would deliberately recommend our young friends to read this work before encountering the voluminous treatises of Lawrence, Travers, Mackenzie, Middlemore, &c."

PART THIRD.

1.

American Intelligence and Editorial.

Our Army and Navy Surgeons.—The existing war with Mexico, it is understood, will be prosecuted with vigor. A large army is known to be collecting on our southern frontier, and active preparations are being made at all the naval Depôts of the country to equip a large fleet of national vessels for the protection of our commerce, and for maintaining a strict blockade of the enemy's ports, if not for more active duty. Under these circumstances we have anxiously looked for an increase of the number of medical officers in both these branches of the public service. In time of peace, the duties of those gentlemen who now hold commissions have been found to be most onerous; in some instances they, particularly those of the navy, have been kept, for a series of years, on constant duty at remote and sickly stations; and the reason assigned has been, that the corps was not sufficiently large to enable the respective departments to afford timely and proper relief to those whose services entitled them to furlough. How, then, will it be possible, when we are *actually at war*, and preparing to send our forces to a distant country, at a season of the year when much sickness must be expected to prevail, to afford adequate medical attention to our soldiers and sailors, without placing a greater number of officers at the disposition of the chiefs of the army and naval Medical Bureaux? There are a number of patriotic and ardent physicians, who would be willing to devote their time and talents to their country, if an opportunity were presented to them for gaining even temporary access to either service, on such terms as should be creditable to themselves, and not demand unreasonble sacrifices without adequate provision for possible losses, and sufficient pay to enable them to support their families during their absence.

The whole of the medical corps of the army consists—we gather our information from the official Report of the War Department for the present year—of one Surgeon-General, twenty Surgeons, and fifty Assistant-Surgeons—seventy-one medical officers in all; and these are thought to be enough to attend upon our whole army, and supply all the military posts of the country likewise! The number is so disproportionate to the actual wants of the army, at present, that some addition would appear to be imperatively demanded.

In the navy there are, at present, we think, about sixty-nine Surgeons, thirty Passed-Assistant Surgeons, and thirty-seven Assistant-Surgeons—in all 136; of these, it is believed, that more than one hundred are now required to supply the vessels actually in commission, and for attending on the Marine Hospitals, Yards, and other Naval Stations, so that the reserve corps equals only about thirty, from which are to be selected officers to supply any vacancies that may occur, and to relieve such as are on active duty, and who may, from sickness or other contingencies, be necessitated to apply for leave of absence.

We are opposed to any useless augmentation of the army and navy which would, as a matter of course, be attended with considerable additional expense; but when we find that the number of medical officers actually in the service is insufficient to meet its wants, we judge it to be shameful economy to withhold the appropriations necessary for a fair and just increase.

We have held no converse on the subject with those more immediately interested in this matter; nor do we know what is their opinion in relation to it. Our remarks are occasioned by our having recently noticed one or two instances of peculiar hardship, in which officers who have been on constant duty, during long cruizes, or at remote and unhealthy stations, have been, almost immediately after their return, ordered again to a distant service, on which they are likely to be detained for many months—perhaps years. So severely has this unjust tax upon them been felt by some, that we believe they have been, in several instances, hindered from throwing up their commissions, solely by that high and honorable feeling which would prevent their retiring at a time when their country might stand most in need of their services. We hope soon to see arrangements made for remedying this difficulty, and trust that such additions will be made to the number of Army and Navy Surgeons, and Assistants, as shall enable those having the control of their movements, to afford them timely and just relief, and render less irksome their already too laborious duties.

Dispensary Reports.—We have given in another part of the present number of the Journal, a report embracing a large number of cases of disease of the skin, treated at one of our city dispensaries; and we avail ourselves of the present occasion, to call the attention of the medical gentlemen connected with these institutions, to the subject of general reports of the character of the one alluded to. The number of patients prescribed for annually at the three principal city dispensaries, exceeds, we are told, *thirty-five thousand*. A large proportion of these cases are, we know, wholly uninteresting; but at the same time, there are many amongst them of a rare and novel character, and presenting points of sufficient interest to justify their being recorded. We hope therefore that we may, from time to time, receive communications from the physicians having charge of the sick prescribed for at our dispensaries. With quarterly, semi-annual, or annual returns from those in charge of the various sections, we might be able to collate, and lay before our readers many valuable facts, particularly of a statistical character, that are now almost entirely lost.

MEDICAL SOCIETIES—THEIR IMPORTANCE.—It is highly encouraging to see that the interest of the profession in our city is being awakened in favor of these useful institutions, and to learn that, whilst those already in existence continue to flourish and prosper, the formation of others is in contemplation. We hear that arrangements are actually in progress for organizing two new associations, which will probably be completed in the course of the present summer or coming autumn.

We have ever thought that the formation of local medical societies was one of the most certain means of elevating the condition of our profession in this country. Wherever they exist a wholesome spirit of emulation is excited, and those connected with them are stimulated by feelings of pride, and a laudable ambition, to exert themselves, not only in the cause of science, but to cultivate and maintain that desirable esprit de corps, which should always exist among those engaged in similar pursuits, and allied together by kindred interests and sympathies. What can better conduce to promote love of profession, and kindly feelings towards one another, than the frequent assembling together in a quiet manner for the friendly interchange of opinion, and the courteous discussion of topics of common interest, of persons of similar tastes and pursuits?

That these institutions are of real value to the profession at large, as well as to those immediately connected with them, is, we think, not only generally admitted but abundantly proved, both by the indirect manner in which they contribute to elevate its social standing, and also by the valuable contributions that they are constantly making to the cause of science. There are scarcely any European medical journals of respectable standing that do not furnish a periodical account of the proceedings of the medical societies in the vicinity of their place of publication, and our own pages, as well as those of some of our home contemporaries, are often enriched by interesting and valuable communications emanating from these voluntary associations.

So highly, then, do we estimate the importance of these "gatherings together," that we should anticipate the happiest results to flow from their general establishment throughout the country. They should be formed in every locality, where, if not more, only ten or fifteen physicians could conveniently assemble at stated periods, and contribute, even a mite, to the great fund of knowledge.

THE SOUTHERN JOURNAL OF MEDICINE AND PHARMACY.—The three first numbers of this new medical periodical have been received, and we take great pleasure in bearing testimony to the ability with which it appears to be conducted. The original articles with which its pages are enriched are for the most part well written; and the selections are made with admirable judgment. A considerable portion of each number is devoted to Pharmacy, and contains a summary of all new and important preparations in this department of medicine. Under the able direction of Doctors Lawrence Smith, and Seaman Sinkler, its editors, the Charleston Journal ought to, and we doubt not will prosper; it has our warm wishes for its permanent success.

THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.—There is now publishing a new series of the "Dublin Journal of Medical Science," which has always been a favorite with the profession in Ireland and Great Britain. The present series was commenced in February last, and the Journal now takes the important rank of a "Quarterly." It is printed on fine paper, with beautiful new type, and at the price of £1 per annum, or 5*s.* a number. The most distinguished members of the profession in Dublin are contributors to its pages, and besides a highly interesting "history of periodic medical literature in Ireland, including notices of the medical and philosophical societies of Dublin," by the editor, the first number contains valuable articles by Sir Philip Crampton, Dr. Graves, Dr. Neligan, and Dr. Halpin. With the aid and assistance of such able collaberators, the editor and publishers may rest assured of the encouragement and support of the faculty at home, and of the good will and friendly wishes of the profession in this country. We shall be glad to continue it amongst our exchanges, and shall always look anxiously for the numbers as they become due.

MINUTES OF THE PROCEEDINGS OF THE LATE NATIONAL MEDICAL CONVENTION.—Agreeably with our promise, and in accordance with the expressed wish of the "Committee of Publication," we now give place to the official account of the proceedings of the late National Medical convention.

The "Summary" published in our last number was in many respects inaccurate; but inasmuch as the Journal had been delayed in order that the proceedings might be given, it was thought advisable to insert them as they had been compiled by one of the public reporters. Subscribers will bear in mind that they lose nothing by the space allotted to this corrected re-publication, as the last number of the journal contained between twenty and thirty additional and extra pages.

PROCEEDINGS.

NEW YORK, May 5, 1846.

AT a meeting of the National Medical Convention, pursuant to the call of the New York State Medical Society, convened in the building of the Medical Department of the University of the City of New York,—

On motion of Dr. Edward Delafield, of New York, Dr. Bell, of Philadelphia, was appointed Chairman, and Dr. Buel, of New York, Secretary, to act until the Convention be duly organized.

Drs. Baxley, of Maryland; Davis, of New York; and Arnold, of Georgia; were appointed a Committee to receive the credentials of Delegates.

The Committee, after having performed that duty, made the following report:—

The Committee appointed to examine the credentials of the Delegates to the National Medical Convention, recommended to be held by the New York State Medical Society, in the city of New York, report, that they have performed that duty.

The Committee have felt themselves embarrassed by conflicting resolutions passed by the New York Society in 1845 and 1846, viz., in 1845, it was "*Resolved*, that the New York State Medical Society earnestly recommend a *National Convention of Delegates* from Medical Societies and Colleges in the whole *Union*, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some *concerted action* on the subject set forth in the foregoing preamble."

In February, 1846, it was "*Resolved*, that the preamble and resolutions passed by this Society at its annual session, Feb. 6, 1845, did not contemplate the appointment of Delegates to the National Convention, by County or merely local Societies in those States where delegates *are* appointed by a regularly organized *State* Society."

They have, therefore, thought proper to report the names of all Medical Societies, Colleges and Institutions of all the States who come properly accredited, in accordance with the original Resolution, and leave it to the Convention to determine whether such shall constitute the National Medical Convention; or whether the interpretation of the Resolution of 1845, adopted by the N. Y. Society in 1846, which excludes delegates from local or voluntary societies from States sending delegates from regularly organized State Societies, shall be strictly adhered to.

Respectfully submitted,

H. W. Baxley,
N. S. Davis,
Richard D. Arnold.

The following list of Delegates was then handed in:—

Vermont.—*Society of the Alumni of Castleton Medical College.*—Simeon A. Cook, Joseph Perkins, Egbert Jamieson, Horace Green.

Vermont Medical College.—Alonzo Clark.

New Hampshire.—*Centre District N. H. Medical Society.*—Charles P. Gage, Richard P. J. Tenney.

Massachusetts.—*Berkshire Medical Institute.*—Alonzo Clark.

Connecticut.—*State Medical Society.*—V. M. Dow, Rufus Blakeman, William H. Cogswell, J. G. Beckwith, Eleazar Hunt, D. T. Brainard, Richard Warner.

Medical Institute of Yale College.—J. Ives, J. Knight.

New York.—*Medical Society of City and County of New York.*—Jas. R. Manley, Isaac Wood, John W. Francis, Benjamin Drake, Gilbert Smith, W. W. Minor, F. U. Johnston, James Stewart, Thomas Chalmers, H. D. Bulkley, W. P. Buel, J. R. Wood, John S. Heard, A. N. Gunn, B. R. Robson, John Watson, J. S. Ferguson, R. L. Morris, R. T. Underhill, S. P. White, J. R. Van Kleek, J. C. Cheesman, A. C. Post, G. Buck, O. S. Bartles.

New York Medical and Surgical Society.—F. Campbell Stewart, J. A. Swett, Edward L. Beadle.

Bloomingdale Asylum.—Pliny Earle.

Kings Co. Medical Society.—Chauncey L. Mitchell, Bradley Parker, J. Sullivan Thorne, T. L. Mason.

Alumni Geneva Medical College.—Peter Wilson, H. M. Gray.

Medical Faculty of College of Physicians and Surgeons—John B. Beck, Willard Parker.

Medical Society of State of New York.—John Stearns, Stephen Hasbrouck, Merrit H. Cash, S. M. Crawford, Joel A. Wing, Daniel Ayres, Darius Clark, Thomas W. Blatchford, Sumner Ely, John McCall, N. S. Davis, Augustus Willard, L. J. Tefft, Alexander McIntyre, Maltby Strong, Charles Winnie.

Madison Co. Medical Society.—D. E. Hurd.

New York Hospital.—J. H. Griscom.

Medical Faculty of the University of the City of New York.—G. S. Pattison, G. S. Bedford.

Buffalo Medical Association.—Bryant Burwell.

Erie Co. Medical Society.—Austin Flint.

Albany Medical College.—J. McNaughton, A. March.

Genesee Medical Society.—John Coates.

Trustees of the College of Physicians and Surgeons.—A. H. Stevens, Thomas Cock, Edward Delafield.

Geneva Medical College.—Charles A. Lee.

PENNSYLVANIA.—*Philadelphia Medical Society.*—John Bell, Henry Bond, George W. Norris, Isaac Hays, Isaac Parrish, Joseph Warrington, Alfred Stillé, J. Rodman Paul, Francis West, Gouverneur Emerson, Caspar Morris, Meredith Clymer.

Medical Department of Pennsylvania College.—H. S. Patterson, W. A. Atlee.

DELAWARE.—*Medical Association of Wilmington.*—Lewis P. Bush.

Medical Society of Delaware.—James W. Thompson, E. S. Rickards, William W. Stuart, William Cummins, Gove Saulsbury, James Couper, —— Morris.

MARYLAND.—*Washington Medical College.*—H. W. Baxley, Charles Bell Gibson.

VIRGINIA.—*Medical Society of Virginia.*—Robert W. Haxall, Samuel A. Patteson, Charles Mills, Frederick Marx, James Conway, J. Cullen.

GEORGIA.—*Georgia Medical Society.*—Richard D. Arnold.

MISSISSIPPI.—*Mississippi State Medical Society.*—E. D. Fenner (*of N. O.*), C. S. Magoun.

INDIANA.—*La Porte University.*—Azariah B. Shipman.

ILLINOIS.—*Medical Department of Illinois College.*—Edward Mead.

TENNESSEE.—*Medical Society of Tennessee.*—William A. Cheatham.

On motion it was

Resolved, That the Committee be continued to receive the credentials of such Delegates as may hereafter arrive.

On motion of Dr. ARNOLD, it was

Resolved, That all gentlemen who have presented credentials from any regularly organized Medical Society in this Union, be considered members of this Convention.

It was moved by Dr. DAVIS, and carried, that Dr. THEOPHILUS C. DUNN, President of the Rhode Island State Medical Society, be invited to take a seat as a member of this Convention.

It was moved by Dr. UNDERHILL, and duly seconded, that all medical gentlemen in good standing, who may be present from States not otherwise represented, be admitted as delegates: Which motion was carried.

Drs. E. C. Marsh and Lyndon A. Smith, of New Jersey, were invited to take seats under the above Resolution.

On motion, a Committee of one from each State represented in the Convention, was appointed to nominate officers for the Convention.

The following gentlemen were appointed:—

New Hampshire, Gage; *Vermont*, Cook; *Massachusetts*, Clark; *Rhode Island*, Dunn; *Connecticut*, Knight; *New York*, Stearns; *New Jersey*, Marsh; *Pennsylvania*, Bond; *Delaware*, Bush; *Maryland*, Baxley; *Virginia*, Haxall; *Georgia*, Arnold; *Mississippi*, Fenner; *Indiana*, Shipman; *Illinois*, Mead; *Tennessee*, Cheatham.

The Committee, after having retired, returned and made the following report through its Chairman, Dr. Stearns:—

The Committee appointed to nominate suitable officers to preside over the Convention, report that they have unanimously agreed to propose the names of the following gentlemen:—

For President,

Dr. J. Knight, *of New Haven.*

For Vice Presidents,

Dr. John Bell, *of Phila.;* Dr. Edward Delafield, *of N. Y. City.*

For Secretaries,

Dr. Richard D. Arnold, *of Savannah;* Dr. Alfred Stillé, *of Phila.*

The Report was adopted:—*nem. diss.*

The officers, with the exception of Dr. Delafield, who was not present, took their seats.

Dr. Bedford, of the University of the city of New York, moved the following preamble and resolution, seconded by Dr. Pattison, also of the University of the city of New York:

Whereas, The call of the State Medical Society of New York for a National Medical Convention to be held in the city of New York on the first Tuesday in May, has failed in a representation from one-half the United States, and from a majority of the Medical Colleges; and whereas, the State Medical Society has emphatically stated that there is no mode of accomplishing the object of the Convention, without concert of action on the part of the Medical Societies, Colleges and Institutions of *all* the States, therefore

Resolved, That this Convention adjourn *sine die.*

The Ayes and Nays were called on this, and were as follows:

Yeas—Drs. Bedford and Pattison—2.

Nays—Drs. S. A. Cook, H. Green, C. P. Gage, R. P. J. Tenney, A. Clark, W. H. Cogswell, J. G. Beckwith, R. Warner, D. T. Brainard, B. Burwell, A. Flint, J. McNaughton, A. March, J. Coates, F. C. Stewart, J. A. Swett, E. L. Beadle, C. A. Lee, J. Bell, H. Bond, G. W. Norris, J. Hays, J. Parrish, J. L. Warrington, A. Stillé, J. R. Paul, F. West, G. Emerson, M. Clymer, W. A. Atlee, L. P. Bush, E. S. Rickards, G. Saulsbury, J. Couper, H. W. Baxley, R. W. Haxall, S. A. Patteson, J. Cullen, R. D. Arnold, E. D. Fenner, A. B. Shipman, E. Mead, W. A Cheatham, P. Wilson, D. E. Hurd, J. Wood, G. Smith, H. D. Bulkley, W. P. Buel, J. R. Wood, J. S. Heard, A. N. Gunn, J. Watson, R. L. Morris, R. T. Underhill, S. P. White, J. C. Cheesman, A. C. Post, G. Buck, O. S. Bartles, S. Hasbrouck, J. A. Wing, D. Ayres, N. S. Davis, A. Willard, P. Earl, T. Cock, C. L. Mitchell, J. S.

Thorne, T. S. Dunn, E. J. Marsh, L. A. Smith, W. W. Stuart, and J. Knight—74.

Dr. Clymer then offered the following resolution :—

Resolved, That a Committee be appointed to provide other accommodations for the sittings of this Convention, than in the University of New York.

Several amendments were offered to this resolution, but while they were pending, Dr. Haxhall moved to lay the whole upon the table, which was carried—*Yeas* 34, *Nays* 31.

Dr. N. S. Davis moved the following, which was adopted :—

Resolved, That a Committee of nine be appointed to bring the subject of Medical Education before the Convention in the form of distinct propositions, suitable for discussion and action, and that it report at the next meeting.

The following gentlemen were appointed :—Drs. N. S. Davis, March, Hays, Watson, Brainard, Stearns, Bush, Haxhall, and Bell.

On motion of Dr. J. R. Wood, of N. Y., the President was added to the Committee.

Dr. Buel offered the following, which was adopted :—

Resolved, That the Committee be instructed to receive and submit propositions on all subjects proper to be brought before this Convention.

On motion the Convention adjourned until 10 o'clock next morning.

SECOND DAY.

The Convention met pursuant to adjournment. The roll was called, and sixty-three delegates answered to their names. The minutes of the last meeting were then read and confirmed. The Chairman of the Committee on Credentials announced the presence of Dr. C. A. Pope, delegate from the Medical Society of the State of Missouri, and of Drs. Anderson G. Dana, James Spaulding, and Jonathan A. Allen, delegates from the Vermont Medical Society.

Dr. N. S. Davis, Chairman of the Committee appointed at the last meeting, to present the subject of Medical Education to the Convention, in a form proper for discussion, and, generally, to prepare business for its action, reported that, owing to the short time allowed them, the Committee had not been able to agree in regard to the subject especially entrusted to them, but that they had unanimously determined to lay before the Convention certain Resolutions which they believed adapted to fulfil the immediate objects contemplated by the Convention. Whereupon Dr. Hays, from the same Committee, submitted the following Preamble and Resolutions :

Whereas, It has been shown by experience that the Association of persons engaged in the same pursuit, facilitates the attainment of their common objects ; therefore :

1*st. Resolved,*—That it is expedient for the Medical Profession of the United States, to institute a *National Medical Association,* for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

2*d. Resolved,*—That a Committee of seven be appointed to report a plan of organization for such an Association, at a meeting to be held in Philadelphia, on the first Wednesday of May, 1847.

3d. Resolved,—That a Committee of seven be appointed to prepare and issue an address to the different regularly organized Medical Societies, and chartered Medical Schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention to be held in Philadelphia, on the first Wednesday in May, 1847.

4th. Resolved,—That it is desirable that a uniform and elevated standard of requirements for the degree of M.D., should be adopted by all the Medical Schools in the United States, and that a Committee of seven be appointed to report on this subject, at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

5th. Resolved,—That it is desirable that young men, before being received as students of Medicine, should have acquired a suitable preliminary education; and that a Committee of seven be appointed to report on the standard of acquirements which should be exacted of such young men, and to report at a meeting to be held on the first Wednesday in May, 1847.

6th. Resolved,—That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a Committee of seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday in May, 1847.

Dr. J. S. Copes was announced to be a duly authorized delegate from the Medical Society of Miss.; and Dr. G. H. White, of the Hudson Lunatic Asylum, was admitted to a seat in the Convention.

Dr. G. S. Pattison moved that the report of the Committee on business be adopted. Carried, *nem. diss.*

Dr. Stearns moved that the resolutions be considered *seriatim*. Carried.

The Preamble and the 1st Resolution were then adopted *nem. diss.*

The 2d Resolution being under discussion, Dr. S. Hasbrouck moved "that the Committee to be appointed under that resolution, report on to-morrow morning." After some remarks by Drs. Stearns, Haxall, Thomson, and Davis, the motion was withdrawn.

Dr. Griscom moved that the next convention be held in September, 1847; after some remarks by delegates from the South, declaring that physicians in that region could not possibly be spared from their duties in the autumn, the motion was rejected.

On motion of Dr. Stearns, the 2d Resolution, and then the 3d, were adopted without further discussion, *nem. diss.*

Dr. F. Hasbrouck, as superintendant of the N. Y. City Lunatic Asylum, was here admitted to a seat in the Convention.

The 4th Resolution was then adopted *nem. diss.*

The 5th Resolution, after some remarks from Drs. Manley and H. S. Patterson, and the loss of an amendment proposed by the latter gentleman, was adopted *nem. diss.*

The 6th Resolution was in like manner adopted, without debate, after which, upon motion of Dr. Bush, the preamble and resolutions collectively were unanimously adopted.

The Convention then took a recess for half an hour, after empowering the President to fill the Committees called for by the Resolutions just passed.

On re-assembling, the Convention received Dr. George Sumner, a delegate from the Medical Society of Conn.

Dr. Clymer asked and received permission to correct an error personal to himself in the report of a morning newspaper (the N. Y. Herald), concerning the vote on Dr. Haxall's motion to lay on the table the resolution offered by Dr. Clymer, for adjourning forthwith from the rooms of the Medical Faculty of the University of N. Y. city. The newspaper in question had stated, that the only serious opposition to laying this resolution on the table proceeded from the delegates of the College of Physicians and Surgeons, whereas the vote had really stood 34 in favor, and 31 against disposing of the resolution in this manner.

Dr. J. B. Beck, of the Faculty of the College of Physicians and Surgeons, stated that so far from any opposition to laying the resolution on the table having proceeded from the body which he represented, neither he, nor his colleague Dr. Parker, the only delegates from that body, was even so much as present in the Convention during the discussion, or at the vote on the Resolution.

The Secretary asked permission to insert the correction in the minutes of the last meeting as confirmed; stating that the vote was upon the original record of the proceedings, but had been omitted in transcription. Leave was granted.

Dr. Sumner moved to reconsider the 2d Resolution; the motion, after remarks by Drs. Baxley, Haxall, and Davis, was laid on the table.

Dr. Bartles introduced the following resolution:

Resolved, That the union of the business of *Teaching* and *Licensing* in the same hands is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges and State and County Medical Societies, it should be restricted to one Board in each State composed in fair proportion of representatives from its Medical Colleges and the Profession at large, and the pay for whose services as Examiners should in no degree depend on the number licensed by them.

Dr. Sumner moved to lay the resolution on the table. After remarks by Drs. Campbell Stewart and Clymer the motion was withdrawn.

Dr. Parrish moved that the resolution be referred to the Committee under the 4th Resolution reported by the Committee on business.

Dr. Baxley moved an amendment, which was accepted by Dr. Parrish, providing that all communications upon the subject of medical degrees be referred to the same Committee.

Dr. Manley remarked at length upon the subject of medical education. Dr. Baxley replied, and Dr. Manley rejoined, and then moved to refer the resolution introduced by Dr. Bartles to a special Committee.

On motion, the subject was temporarily laid upon the table, in order that the President might announce the Committees he had appointed. They were as follow:

Under the 2d Resolution, Drs. John Watson, John Stearns, F. Campbell Stewart, N. Y.; A. Stillé, Philadelphia; N. S. Davis, Binghamton, N. Y.; W. H. Cogswell, New Haven, Conn.; E. D. Fenner, N. Orleans.

Under the 3d Resolution, Drs. E. Ives, Dow, and Sumner, New Haven, Conn.; McNaughton, Albany, N. Y.; Blatchford, Troy, N. Y.; Burwell, Buffalo, N. Y.; and Baxley, Baltimore, Md.

Under the 4th Resolution, Drs. Haxall and Cullen, Richmond, Va.; S. A. Patteson, Manchester, Va.; George W. Norris, Philadelphia; A. Flint, Buffalo, N. Y.; I. Perkins, Castleton, Vt.; and J. A. Wing, Albany, N. Y.

Under the 5th Resolution, Drs. J. Couper, Newcastle, Del.; L. P. Bush, and J. W. Thomson, Wilmington, Del.; Edward Mead, Jacksonville, Ill.; A. March, Albany, N. Y.; W. A. Atlee, Philadelphia, and D. T. Brainard, New London, Conn.

Under the 6th Resolution, Drs. Bell, Hays, and Emerson, Philadelphia; Morris, Dover, Del.; T. C. Dunn, Newport, R. I.; A. Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

Dr. HAXALL moved that the President be added, as Chairman, to the Committee under the 3d Resolution. Carried unanimously.

The consideration of Dr. Bartles' Resolution as amended by Dr. Manley, was then resumed, and it was ordered that " when the vote on the question is taken it be by yeas and nays."

Dr. S. HASBROUCK and Dr. DAVIS remarked at length upon the subject of the Resolution. Observations were also made by Drs. Baxley and Underhill.

Dr. SUMNER moved to lay the Resolution on the Table. Lost by a vote of 34 to 40. Yeas and nays on Dr. Bartles' amended Resolution. Dr. Parrish having withdrawn his amendment, the names were called, and it was adopted by the following vote.

Yeas—Drs. Arnold, Ayres, Bartles, Beadle, Beck, Bell, Bulkley, Burwell, Buck, Buel, Bond, Cheesman, Cock, Coates, Copes, Cummins, Cook, Davis, Delafield, Drake, Fenner, Ferguson, Gage, Gray, Griscom, Gunn, F. Hasbrouck, S. Hasbrouck, Heard, Magoun, McNaughton, Mitchell, R. L. Morris, B. Parker, W. Parker, Paul, Parrish, Pope, Rickards, Saulsbury, F. C. Stewart, W. W. Stuart, L A. Smith, Stillé, Stearns, Swett, Thorne, Underhill, Van Kleek, Warner, Watson, Warrington, West, Willard, S. P. White, G. H. White, Wing, I. Wood, J. R. Wood—59.

Nays—Drs. Baxley, Beckwith, Bedford, Blakeman, Brainard, Bush, Cheatham, A Clark, Clymer, Couper, Cullen, Emerson, Flint, Gibson, Hays, Haxall, Lee, March, H. S. Patterson, G. S. Pattison, S. A. Patteson, Shipman, Sumner, Thomson—24.

Dr. GRISCOM moved that a Committee of five be appointed to consider the *expediency*, and, if deemed expedient, the *mode*, of recommending and urging upon the several State governments the adoption of measures for a registration of the Births, Marriages, and Deaths of their several populations. Carried, *nem. diss.*

Dr. MAGOUN moved that the thanks of the Convention be presented to the Officers of this Convention for the prompt and efficient discharge of their duties. Carried, *nem. diss.*

Dr. GRISCOM introduced the following Resolution:

Resolved, That Mr. Lemuel Shattuck, of Boston; Drs. Jarvis, of Dorchester, Mass.; Emerson of Philadelphia; T. R. Beck, of Albany, and C. A. Lee, of N. Y., be a Committee to prepare a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths, to report to a future Convention;—which was adopted, and on motion Dr. Griscom was added to the Committee as Chairman.

Dr. SWETT, of N. Y., offered the following, which, after receiving the approbation of the delegates from New York, was adopted.

Resolved, That a publication of the proceedings of this Convention be made in pamphlet form; that ten thousand copies be printed; that the N. Y. city delegations assume the expense, and that it be referred to the first Standing Committee.

The President then announced the Committees appointed by him under the Resolutions of Dr. Bartles and of Dr. Griscom. They were as follow:

Under that of Dr. Bartles, in reference to the separation of Teaching and Licensing—Drs. McNaughton, Albany, N. Y.; J. R. Manley, N. Y.; J. W. Francis, N. Y.; Isaac Parrish, Philadelphia; R. Blakeman, Fairfield, Conn.; J. Cullen, Richmond, Va.; and Thos. Cock, N. Y.

Under that of Dr. Griscom, in reference to the subject of Registration—Drs. J. H. Griscom, N. Y.; G. Emerson, Philadelphia; A. Clark, N. Y.; C. A. Lee, Geneva, N. Y.; and James Stewart, N. Y.

The following resolution, offered by Dr. Thomson, of Delaware, and seconded by Dr. Clymer, of Philadelphia, was unanimously adopted:

Resolved, That this Convention hereby tender to the Medical Faculty of the University of the city of New York, and to the Trustees of the College of Physicians and Surgeons of the State of New York, its unanimous thanks for the courteous offer of their respective buildings for the sittings of this Convention.

Dr. Bell introduced the following Resolution, which was adopted, *nem. diss.:*

Resolved, That the Convention give its approval to the objects and labors of the Sydenham Society.

Dr. Cogswell offered the following Resolution, which was unanimously adopted:

Resolved, That the thanks of the Convention be presented to the President, for the able, gentlemanly, and impartial manner in which he has discharged the duties of the chair.

Upon motion of Dr. Hays, the Convention then adjourned *sine die.*

RICHARD D. ARNOLD, } *Secretaries.*
ALFRED STILLE, }

[It is respectfully suggested by the Committee, to which was referred the publication of the foregoing Minutes, that the several Committees appointed to report to the next Convention, should assemble in Philadelphia, on the Monday next preceding the first Wednesday in May, 1847.]

Dr. Rodgers' Operation for ligature of the Left Sub-clavian Artery, and the Dublin Quarterly Journal of Medical Science.—We are gratified to find in the *Dublin Quarterly Journal of Medical Science* the following notice of the important operation for ligature of the left sub-clavian artery within the Scaleni muscles, performed by our townsman, Dr. Kearney Rodgers, an account of which was recently published in this journal (No. 17, March, 1846, page 219). By this it will be seen that full credit and justice are frankly accorded to Dr. Rodgers—M. Malgaigne's statement in regard to Mr. Colles having performed the operation being declared inaccurate.

"By private letters from the United States we are informed that that highly distinguished surgeon, Dr. Kearney Rodgers, of New York, has recently performed the very formidable and hitherto unattempted operation of tying the *left* sub-clavian artery inside the Scaleni muscles. The late Mr. Colles, as most of our readers are aware, so long back as 1813, passed a ligature around the right sub-clavian, in the first part of its course. The patient died on the ninth day, but the case proved the perfect feasibility of the operation in every respect. Mr. Colles' opinion was decidedly against the internal operation, as applied to the left sub-clavian; and, in speaking on this subject, he thus expresses himself: 'This operation, difficult on the right, must be deemed impracticable on the left sub-clavian artery; for the great depth from the surface at which this vessel is placed, the direct course which it runs in ascending to the top of the pleura, the sudden descent which it makes from this to sink under the clavicle, and the danger of including in the ligature the eighth pair of nerves, the internal jugular vein, or the carotid artery, these all constitute such a combination of difficulties as must deter the most enterprising surgeon from undertaking this operation on the left side'(*a*). It is curious that French surgeons, in general, make a totally different estimate of the chances of the right and left internal operation on the sub-clavian, the left being laid down, in most French works on operations, as presenting much greater prospects of a successful issue."

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Formula for preparing the "Aqua Prunus Virginiana"*—The following formula for preparing the water of *Prunus Virginiana* has been handed to us by our townsman M. Delluc, of the firm of Delluc & Dupuy; we publish it now in accordance with the promise made in our last number.

℞ Cort. Prun. Virg. Contus.,	℔viij
Aq. Crotonis,	℔xij

Let the bark macerate in a sufficient quantity of water to cover it for twenty-four hours, stirring it occasionally, replacing the water as soon as it is absorbed; then put it in the cucurbit of an alembic with the twelve pounds of water, to obtain, by slow distillation, one gallon of product; this water must be placed for three or four hours on ice, after which great care should be taken to remove carefully the essential oil which floats on the surface; it is then immediately put in small glass stoppered bottles, and kept in the dark.

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Medical Students and Graduates.—We copy from the Philadelphia *Medical Examiner*, the following table, exhibiting the number of students in attendance on lectures at the different medical colleges in the United States, during the past season, with the number and proportion of graduates in each institution. We have rendered it more complete, by adding the returns from some of the colleges not enumera-

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(*a*) M. Malgaigne is in error in stating that the internal operation on the left sub-clavian was performed by Mr. Colles. Dr. Rodgers is, so far as we know, the first who has attempted it.

* For particulars concerning its uses and the doses in which it has been given, see the May number of this Journal, page 446.

ted by the *Examiner*, and which we find recorded in the *Southern Medical and Surgical Journal*, published at Augusta, Ga.

	CLASS. 1845-6.	GRADUATES, 1846.	RATIO.	RATIO IN 1845.
Jefferson Medical College, - - - -	469	170	1 in 2.7	1 in 3.5
University of Pennsylvania, - - -	462	168	1 in 2.7	1 in 2.1
University of New York, - - - -	425	131	1 in 3.2	1 in 3.2
Medical Institute of Louisville, - -	345	79	1 in 4.4	1 in 4.0
College of Physicians & Surgeons, N. Y.	200	38	1 in 5.3	1 in 5.2
Medical College of Ohio, - - - -	195	46	1 in 4.2	1 in 4.4
Geneva Medical College, - - - -	178			1 in 4.4
Harvard University, about - - - -	180	31	1 in 5.8	1 in 8.2
Transylvania University, - - - -	170	64	1 in 2.6	1 in 4.1
Willoughby Medical College, - - -	164	30	1 in 5.4	1 in 20
Western Reserve College, - - - -	160			
Berkshire Medical Institution, - - -	142	35	1 in 4.1	
Castleton Medical College, - - - -	140	36	1 in 3.9	
Albany Medical College, - - - -	115	42	1 in 2.7	1 in 5.5
Medical College of Georgia, - - -	112	31	1 in 3.6	
Pennsylvania Medical College, - -		36		4.3
Medical School of Maine, - - - -	73			
Yale College, - - - - - - - - -	53			
University of Missouri, - - - -	92	29	1 in 3.1	
St. Louis University, - - - - -		11		
Rush Medical College, - - - - -		10		
Medical College of Louisiana, - -	103	19	1 in 5.4	
Medical College of South Carolina, -	214	74	1 in 2.8	
Indiana Medical College, - - - -	81	18	1 in 4.5	
University of Maryland, - - - -	147			
Philadelphia College of Pharmacy, -		16		

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Yellow Fever in Vera Cruz.—Mr. Waddy Thompson, late U. S. Minister to Mexico, has prepared a work entitled "*Recollections of Mexico*," which is just published by Messrs. Wiley & Putnam; we extract from it the following account of the yellow fever as it prevails in Vera Cruz, and at the same time avail ourselves of the opportunity to recommend the work to our readers, as containing much information in relation to Mexico that would at any period be interesting, but which at the present time is doubly so.

"Vera Cruz is rather a pretty town, with broad and reasonably clean streets. It would no doubt be as healthy as any other place in the same latitude and climate, if it were not for some large swamps in the rear of the city. The vomito is by no means the only, nor do I think it the most fatal of the diseases which prevail there. The bills of mortality in some years exhibit a greater number of deaths from some other diseases, whilst in other years much the greater number die of vomito. This difference is owing, I think, in a great degree, to the greater or less number of soldiers sent down there in the most sickly months—strangers alone being subject to the disease. There is no instance of a person born in Vera Cruz having been attacked by this disease, although carried away in early infancy, and not returning until full grown. I have heard statements made upon this subject *much stranger even than this.* It is not regarded there as by any means the most dangerous type of fever. Eminent physicians have even told me that of all the forms of fever, they regard it as the most manageable and least dangerous, if medical aid is called for in due time. According to the estimates of those most entitled to confidence, less than five per cent. of those attacked die. This estimate does not include the patients in the hospitals, for the reason that the general terror of being sent to the hospital is so great, that many are deterred from applying for relief until their cases are beyond the reach of remedies. Some facts came under my observation which went very far to shake my confidence—never very great—in medical theories. The universal treatment of yellow fever, by the Vera Cruz physicians, is very simple, and certainly not very unpleasant;—it is nothing more than cold applications to the stomach, and lime juice and sweet oil given internally; and this practice is so generally successful, as to give the result which I have stated—five per cent. of deaths. They say there that calomel is certainly fatal; but hear the other, the calomel side of the question. The prisoners of the Santa Fé expedition were released on the 16th of June, and arrived at Vera Cruz in August, where they remained more than a month; forty-five of them were attacked by the yellow fever, and in its most malignant form, as may well be supposed, from their irregular habits and the total destitution of all the comforts of a sick bed. They were attended by a young physician who belonged to the expedition, and whose practice was to give large doses of calomel—not more than one died. I am not certain that a single one died of the disease."

MEDICAL EDUCATION IN PHILADELPHIA IN 1772.—In looking over some old papers, we lately came across "*The Address and Representation of Dr. John Morgan of the College of Philadelphia, in behalf of that Seminary,*" dated 1772, and directed to the inhabitants of the West India Islands. Dr. Morgan was one of the founders of the University of Pennsylvania, and a man of great learning and eminence. "The following course of studies and qualifications," he remarks, "were, after mature deliberation, fixed upon and enacted as requisite to entitle physical students to their different degrees, viz."

For a Bachelor's Degree in Physic.

"I. It is required that such students as have not taken a degree in Arts shall, before admission to a degree in physic, satisfy the trustees and professors of the college, concerning their knowledge in the *Latin* tongue, and in such branches of the *mathematics*, natural and experimental *philosophy*, as shall be judged requisite to a *medical education.*

"II. Each student shall take at least one course in *anatomy*, *materia medica*, *chemistry*, the *theory* and *practice* of physic and *clinical lectures*, and shall attend the practice of the *Pennsylvania Hospital* one year; and may then be admitted to a public examination for a *Bachelor's* Degree in physic, provided that on a previous private examination by the *medical trustees* and *professors*, and such other trustees and professors as choose to attend, such student shall be judged fit to undergo a public examination.

"III. It is further required that each student, previous to obtaining a Bachelor's Degree, shall have served a sufficient apprenticeship to some reputable practitioner in physic, and be able to make it appear that he has a general knowledge in *pharmacy.*"

For a Doctor's Degree in Physic.

> "It is required that at least three years shall intervene from the time of taking the Bachelor's Degree, and that the CANDIDATE be full twenty-four years of age, and that he write and defend publicly in college, a *Latin thesis*, or dissertation on some disease, or other useful medical topic, which shall also be printed at his own expense.
>
> "The above scheme of a MEDICAL EDUCATION is upon as extensive and liberal a plan as in any of the most respectable *European Seminaries*, and the utmost care is taken to render the degrees real marks of honor, the marks of only distinguished learning and abilities. A good *medical education* is here looked upon to be not the least useful part of science. As it is both a noble and extensive branch of learning in itself, and of the utmost importance to the health and welfare of society, 'there cannot, therefore, be too much encouragement given to a full and regular attainment of it.' 'Tis, on this account, one *great object* in the Philadelphia College, and intended to put the practice of physic through America in general, upon a respectable and beneficial footing."

Can any one inform us when these regulations began to relax so as to require less qualifications for the degree of M.D. than were originally required for the inferior degree of M.B. ? *Quere*—If the above scheme of medical education was considered necessary seventy years ago, "to put the practice of physic through America in general, upon a respectable beneficial footing," will a plan which embraces far less, suffice to do it at the present day, when the standard of acquirements in every other profession and calling has been immeasurably advanced ?"

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ROYAL ESTIMATE OF THE VALUE OF MEDICINE.—It is a source of no little satisfaction in these degenerate days, when "Quackery reigns triumphant," and the world seems mad on the subject of Mesmerism, Homœopathy, and Hydropathy, to find so just an estimate entertained of our profession, by the wise and enlightened King who now occupies and adorns the French throne, as is expressed in his reply to the committee of the Royal Academy of Medicine, of Paris, on the occasion of their presenting him the annual congratulatory address of the academy, at the last "jour de l'an." We find it in a copy of the official journal, the *Moniteur Parisienne*, from which we translate it.

> "I am highly gratified, and much moved, gentlemen, by the kindly sentiments expressed by you, in behalf of the Royal Academy of Medicine. I appreciate fully the importance of the labors of yourselves, and your colleagues, and I am much flattered to learn that the patronage which I so willingly extend to the Academy, has contributed to augment the just consideration that it commands. No one can better appreciate the services which you render, than myself; I am a striking example of the good that you are capable of performing ; for in despite of my great age (72), I am indebted to some among you, for enjoying the good health that you now see me blessed with May you all, gentlemen, be long spared to continue your exertions in the cause of science and humanity."

Prize Essay of the Louisiana Medico-Chirurgical Society.—We are requested to announce to the profession, that at a recent meeting of this society, it was resolved to offer a gold medal of the value of one hundred dollars, for the best Essay *on Strictures of the Urethra, with their treatment.* This prize is offered to the competition of the profession in all countries; but the essays must be written in the English or French language. The communications must be accompanied with a letter and corresponding mottoes, to the president of the Louisiana Medico-Chirurgical Society, New Orleans, La., and should be received by the 1st day of February, 1847.

The medical press throughout the country is respectfully requested to give publicity to this notice.

Here is the offer of a splendid prize, and we doubt not it will call forth the competition of great talent. The prize will be awarded at the anniversary meeting of the society, on the first Wednesday of April, 1847.—*New Orleans Medical and Surgical Journal.*

Prize Essay of the Alabama Medical Society.—The State Medical Society of Alabama offered, last season, a silver cup as a prize for the best essay on the *Pathology and Treatment of Congestive Fever.* We learn that at the annual meeting of the society, held at Selma, in December last, this prize was awarded to Dr. G. A. Mabry, of Selma. We take great pleasure in stating that a similar prize is now offered for "*the best medical history of Alabama.*" This is the way to excite professional emulation, and we doubt not it will bring out the best talent of the State. Every medical society should offer one or more prizes every year. Southern physicians have as much talent as is to be found in the ranks of the profession anywhere, but being scattered over a vast extent of country, and not feeling the stimulus of association, and of emulation, they are, in a great degree, too negligent of the progressive improvement of medical science. A brighter day is dawning upon us.—The Essay, with the name of the writer, is to be deposited with the Secretary of the Society, Dr. A. G. Mabry, Selma, on or before the first Monday in December next.—*New Orleans Medical and Surgical Journal.*

Suit for an alleged Libel.—At a convenient period, we shall give some account of a suit brought by Dr. T. J. Vaiden, of Alabama, against D. I. Hays, of Philadelphia, for an alleged libel contained in a review by the latter, in the No. of this journal (Medical News) for July, 1844, of a pamphlet written by the former. In the meanwhile, that the profession may know the result, we copy the following paragraph from our cotemporary, the *Bulletin of Medical Science* (May, 1846), and must take this opportunity to tender to its editor our acknowledgments for the complimentary manner in which he notices the efforts made in our pages to unmask and expose the devices of charlatans, and to protect the profession and the public from the most monstrous evil of the day—quackery.

"Touching the misdeeds of 'those unworthy members who actually are so lost to self and professional respect, as to become the proprietors of patent medicines or secret remedies,' we shall have something specific to say ere long. In the meantime, and until we can give an official account of the trial, we must not let the present opportunity pass without recording the obligations under which the profession lies to Dr. Hays, so long and advantageously known throughout the Union, as the able conductor of the American Journal of Medical Sciences, for his continued exposure of quackery and medical delusions, in the Medical News, of which, also, he is editor. In the discharge of his duty, in this way, he had occasion to animadvert, with point and pungency, on the strange and empirical proceedings of a medical practitioner of Alabama, who, save the mark is a graduate also of the University of Pennsylvania. This individual, smarting under the infliction of wholesome criticism, in a sudden fit of dignity, and sensitiveness to professional reputation, brought suit in one of our courts against Dr. Hays, for libel. The case was argued ably by counsel on both sides; and after a charge from the judge, sustaining entirely the defendant, Dr. Hays, the jury gave a verdict accordingly; and, thus, both by judicial exposition of law and popular opinion from the jury-box, the cause of sound ethics, and of philosophical medicine, is, for the nonce at least, clearly sustained."—*Medical News.*

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The second meeting of this Association was held at Washington, on Monday, May 11th. Nearly every hospital and asylum for the insane in the United States is said to have been represented.—*Ibid.*

THE WATER QUACKERY IN THE YEAR 1736.—England has ever been notorious for promulgating the most gross absurdities in reference to all kinds of quackery in medicine, and fearing the epidemic may become contagious in this country we will favor our readers with an extract from a celebrated work of Rousseau, entitled "*Les Confessions de Jean Jacques Rousseau*," who appears to have been led by the mania of his time to try the experiment:

"However, the country air failed to restore me to my original health. I was languid, and became still more so. Being sick of a milk diet, it was necessary to discontinue it. At that time water was the fashionable remedy for all diseases. I put myself on the cold water system, and with such little discretion, that it nearly relieved me, not only of my ills, but of my life. Every morning, as soon as I was up, I went to the fountain with a huge goblet, and drank, as I walked about, as much as two bottles full of water. I entirely left off taking wine at my meals. The water which I drank was a little hard, and difficult to pass, as mountain springs generally are. In short, I succeeded so well, that in less than two months I entirely destroyed the powers of my stomach, which had been very good up to that time. Being no longer able to digest anything, I thought it useless any longer to hope for recovery. At this time an accident happened to me, singular in itself, and in its consequences, which will only cease with my life.

"One morning, when I was no worse than usual, whilst raising up a little table which had fallen, I perceived a sudden and almost inconceivable revolution throughout my whole body. I know not how to compare it better than to a kind of tempest, which, arising in my blood, gained in an instant all my limbs. My arteries commenced beating with such force, that I not only felt their beating, but I even heard it, especially the carotid. In addition there was a great noise in my ears, and this noise was triple or rather quadruple—to wit, a deep hollow buzzing, a clear murmur, like that of running water, a very shrill blowing sound, and the beating which I have mentioned, the blows of which I could easily count, without feeling my pulse, or touching my body with my hands. This inward noise was so great that it destroyed that fineness of hearing which I had formerly, and rendered me, not entirely deaf, but hard of hearing, as I have continued to be ever since that time.

"One may judge of my surprise and consternation, I gave myself up for dead, and took to my bed. A physician was sent for, to whom I related my case trembling, supposing it beyond remedy. I think he thought so too; but he knew his business, and began long reasonings, of which I understood nothing at all. He commenced in anima vili the experimental treatment which it pleased him to adopt. It was so troublesome and disgusting, and succeeded so little, that I soon left it off; and at the end of some weeks, finding that I was neither better nor worse, I left my bed, and resumed my ordinary habits of life, with the beating of the arteries, and the buzzing in the ears, which from that time—that is to say, for thirty years, has not ceased for one minute.

"I was constantly troubled with this noise. But I suffered no pain, or other inconvenience, except an habitual sleeplessness at night, and always had short breath, not amounting to asthma, but only making itself felt when I wished to run, or to make any active exertion."—*Stockton's Dental Intelligencer.*

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Health in the Willamette Valley.—When Captain Wilkes was in Oregon, he visited the missionary hospital, built of logs, under the charge of Dr. Babcock, a missionary. He informed Captain Wilkes that the country was healthy, although in August and September they were subject to fever and ague on the low grounds; but in high, dry situations, he believed the inhabitants would be free from them. Only a few diseases appeared, and those were easily managed. On the whole the Willamette Valley has a charming climate.—*Boston Med. Journal.*

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Celebration of the Birth-day of Pinel at the New York Lunatic Asylum.—The Utica Gazette contains an account of a celebration of the birth-day of the illustrious Pinel, at the Lunatic Asylum in that city. A hymn, written by Judge Bacon, of Utica, for the occasion, was sung by the choir of the institution; prayers were offered by the chaplain; and an eulogium on the character of Pinel pronounced by Dr. Maltbie, one of the patients at the Asylum. The Gazette says that the exhibition was unique and interesting.—*Buffalo Med. Journal.*

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A Case of Tetanus treated by Cannabis Indica. By Isaac Heister, M. D., *of Reading, Pa.*—Cyrus Sassaman, aged 16 years, in the act of quarrying stones, received a contusion on his left index finger, which lacerated the skin and muscles of the second and third phalanges. The wound was immediately brought together with strips of adhesive plaster, and on removing the dressing the tenth day, it was found completely healed. In three or four days afterwards he began to feel a stiffness in his jaws, and a drawing pain in his neck and shoulders. These symptoms went on increasing about forty-eight hours, when, on the 22d of April, 1846, in the afternoon, he applied to me for advice. He could not, at this time, separate his teeth more than three-fourths of an inch; complained of rigidity and pain in the muscles of the neck and shoulders, which occasionally extended down the back; had, also, considerable difficulty in swallowing.

I immediately laid open the wound, applied caustic to it, and directed a ley poultice to the part. As the patient had been costive for several days, I prescribed an active purge in the form of powder to be taken at bed-time.

Having been called some distance from home to an urgent case, I did not see him again until the afternoon of the following day (23d) at 6 o'-clock. Has had a restless night. The medicine operated copiously. The pain and rigidity before complained of continued to increase during the night, and were aggravated whenever it became necessary to help him up to the close stool. About day-light, when the alvine discharge had ceased, he became easier, and slept at short intervals for an hour and a half. Symptoms then became worse again, and have been on the increase ever since. He cannot now, with his best efforts, separate his teeth more than the third of an inch. The muscles of the neck and back, as well as those of the abdomen and lower extremities, are rigid, and he has almost constant opisthotonos, with great distortion of countenance. When the spasms relax a little, they are instantly renewed by the slamming of a door or any other sudden noise. Taking hold of his wrist rather suddenly to feel his pulse, caused a paroxysm. His tongue is very sore at the tip and sides; from its involuntary protrusion during the paroxysms, directed a cork to be inserted between the teeth. Pulse 64.

Considering the case a fair one for the trial of cannabis Indica, I directed an aqueous solution of the extract, containing two grains to the teaspoonful, and this quantity to be administered every half hour until the spasms should be relieved or the patient fall asleep—then to be repeated according to circumstances.

25th, 10 A. M.—Became more tranquil last evening after the second dose, and after the fourth dose slept, with slight interruptions, for two hours. He awoke with spasms, which, however, were much subdued in force, and somewhat in frequency, The medicine was resumed, and administered at irregular intervals of from half an hour to two hours during the remainder of the night, and he had many refreshing naps. This morning there is a decided abatement both in the violence and frequency of the paroxysms, and the lower extremities and abdomen are relaxed. With the view of testing the duration of the effects of the remedy, it was directed to be omitted for the present.

10 P. M.—Complains of intense pain at the scrobiculus cordis, also of some pain in the hypogastric region, attended by dysuria. Resume the cannabis, and take five grains every hour, extending that interval in case relief be obtained.

25th, 12 M.—After the third dose he became composed, and slept more than he had done any previous night since my first visit. Spasms return about every twenty minutes, and are more feeble; the pain at the ensiform cartilage has subsided, and very little dysuria remains. As the bowels have not been moved since the operation of the cathartic—℞. Ol. terebinth. and ol. ricini. aa. ℥ j. M. To be taken immediately; and after its operation, resume the cannabis in three-grain doses every two hours.

26th, 12 M.—Patient is in a sound sleep, and has been so for the last hour. The purgative dose operated only once, but thoroughly. Slept a great deal at intervals last night.

27th, 12 M.—Had a restless night, caused, probably, by overloading the stomach with a German dish called cream soup, made rich with eggs and butter. Appetite, which had failed, is improving; says he feels comfortable; can move his jaws a little laterally, and can separate them a little more. Continue the medicine as before.

28th.—Slept a good deal last night, and felt comfortable. Spasms still recur occasionally, but are so feeble that he bears them with little inconvenience. Extend the intervals of the medicine to three hours.

29th.—Rested comfortably last night, and slept a good deal. Begins to chew a little, but is still confined to spoon food. Suspend the medicine, and ℞. Ol. croton tigl., gtt. vj.; pulv. gum. acaciæ, gr. vij.; aq. font. q. s Ft. pil. no. vij. To take one every hour, until they operate on the bowels.

30th.—Symptoms all improving. The third pill operated freely. Can with a little effort separate his teeth to the extent of an inch.

May 1st.—The spasms now recur slightly, and the rigidity of the muscles, except those of the jaw, has so nearly subsided, that the cannabis may be omitted, and acet. of morphine substituted. Take half a grain dose morning and evening.

2d.—The morphine succeeds completely in allaying the remaining spasms, and keeps him comfortable. Begins to chew solid food pretty well.

3d.—Rapidly convalescent. Some stiffness of the jaws only remaining, for which apply a liniment —*Boston Med. and Surg. Journal.*

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A Case of Self-Emasculation. By C. Gliddon Young, M.D., of Greenwood, La.—I was called in the fall of 1837, to see Mr. P., a married man, in respectable circumstances, aged about 35 years, the father of five children, who, in a state of mental despondency, produced by religious excitement and domestic troubles, had emasculated himself. He was an exemplary member and class-leader in the Methodist church, and was much in the habit of shouting, which was so disagreeable to his wife that she required him to desist, on pain of forfeiting his connubial rights. Shortly afterwards she discovered that he had deliberately sharpened his knife and maimed himself as above mentioned; taking out first one testicle and then the other, after the manner of castrating pigs. As he was ignorant of the danger of hemorrhage, or the means of guarding against it, he had cut the cord directly across, and both spermatic arteries were bleeding when I got to him. I found him almost exhausted from the loss of blood; he had fainted several times; the scrotum was filled with coagula. I quickly cleared the coagula from one side, and found that the cord had retracted so far within the abdominal ring as to be scarcely within reach; but a tenaculum introduced by the side of my finger enabled me to bring down and secure the bleeding arteries, which I did successively. By a little stimulus he was revived, and his recovery took place without a single untoward symptom.—*Western Journal of Medicine and Surgery.*

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Case of Hemorrhage from various parts of the Body. By Cyrus Waters, M. D., of Montgomery County, Maryland

S., a remarkably healthy, robust negress, aged about 19, was caught away from home, in the autumn of 1839, by a hail storm, and took shelter in a spring house located in a ravine. The rain fell so very heavily that she was soon standing several feet deep in a stream of water, which was rendered very cold by the solution of the hailstones. She remained nearly an hour in this condition, but by a little care recovered without any serious indisposition. Her general health seemed, however, slightly impaired, though she rarely made any complaint. Early in Nov., from one to two months after the above occurrence, she complained for several days of headache and general malaise; her catamenia came on, but very soon ceased. She was now seized with violent paroxysmal abdominal pain, vomiting and constipation, with but little fever. After these symptoms subsided, slight bronchitis set in, and the intestinal secretions were in an unhealthy condition. In the course of the treatment, her gums became slightly affected by mercury, but there were no ulcerations. Now a miliary eruption broke out and annoyed her exceedingly. It soon disappeared. In about two weeks from their appearance above noted, the catamenia recurred and continued naturally. She now gradually and steadily improved, and resumed her duties.

I furnish this history to aid in tracing the cause of the following attack.

Dec. 5th. Called to her for epistaxis of two days' continuance. This was preceded by pain in her head and back, and several small tumors about the axillæ, which were apparently seated in the skin, painful, gradually enlarging, and finally the skin over them cracked, and gave exit to a thin serum, containing the coloring matter of the blood, and possessing some tendency to coagulation. The blood, on my arrival, had ceased to be discharged from the anterior nares, which were stuffed with a soft dark coagulum, and I was shown about a pint and a half of dark, frothy, very imperfectly coagulated blood, which she had spat out, after it had descended from the posterior nares into the fauces. About twelve hours before I saw her, a small tumor made its appearance upon the mucous membrane of the right cheek. From this a thin, partially coagulating blood soon began to ooze, and at the same time the base of the tumor extended. When I saw it, the appearance was that of a spongy fungous growth, an inch or more long, and nearly an inch wide, considerably elevated above the healthy surrounding membrane,covered with dark blood and giving issue continually to the same kind of fluid. The discharge from the nares seemed to have ceased. Within the last eight or ten hours the labia pudendi had become swollen and painful, and from their internal surface a similar fluid escaped, and was mistaken for the menses, although these had ceased only about two weeks previously. She complained greatly of debility; skin cool, pulse very feeble, slightly quickened, tongue coated.

6th. Tongue black, and looks as if covered by a thin coagulum of blood; the bleeding tumor upon the buccal membrane is diminished. There are several bloody tumors upon the skin, but the most remarkable one is situated upon the inner part of the arm, near the insertion of the pectoralis major. A space three inches long, by one inch wide, is considerably elevated, soft, spongy, and giving exit slowly to the same dark, thin, imperfectly coagulating blood, from every point of its surface. This tumor is very painful; the pain extends down the arm, which is considerably swollen. The labia are much swollen, and closely resemble this tumor in appearance and discharge. The ordinary constitutional symptoms of excessive loss of blood are rapidly appearing.

7th. The loss of blood has lessened, and the constitutional symptoms of excessive hemorrhage are somewhat lessened. All the bleeding tumors are diminished, but the labia pudendi are the seat of excessive suffering from a sense of heat. She has some appetite.

8th. Considers herself rather improved. The burning heat of the labia pudendi is excruciatingly severe, and is aggravated by everything except the mildest possible applications. A blistered surface on the nape of her neck discharges some blood of the same appearance, and she has had an anal dejection of the same character. The discharge from the bladder has almost precisely the same appearance. There is much less discharge from the tumors and from the inside of the mouth. Micturition causes severe smarting and burning; appetite good.

9th. The hemorrhagic discharges recurred from the mouth, and were greatly increased from the rectum, vagina and urethra. Her chief complaint is of throbbing of the heart, jarring in her head, and burning of labia pudendi. Micturition every hour, but the discharge has scarcely any of the characteristics of urine, and is exceedingly painful.

10th. Very little discharge of blood except from the urethra; passes urine more easily and less frequently; constitutional symptoms of hemorrhage less distressing (probably owing to minute doses of laudanum given in wine whey). The blood discharged looks more florid and coagulates more firmly.

11th. This morning she was reported rather better. There was excessive swelling of the vulva, perineum and anus. She, however, died in the afternoon, rather unexpectedly to the attendants. Some thirty-six hours before death her olfactories became exceedingly acute, and vomiting was several times produced by odors merely perceptible to others. Her breathing was very much affected by the very slight dust arising from some dry lime which was agitated carelessly in the room. I was standing by the bed at the moment, and was barely conscious of the particles of lime in the atmosphere.

I have little to say in regard to treatment, for nothing that I used seemed to have much effect. She had always enjoyed a nutritious and wholesome diet. This was continued, and she was placed in as well ventilated a place as could be obtained, though not so well cleansed as was desirable. She took with, or without my directions, at different times, alum, acetate of lead, opium, camphor and other stimulants. I thought she was more benefited by cinchona bark and sulphuric acid than any of the various remedies used internally. She took a small quantity of ol. terebinth., but her stomach would not retain it. Externally, various astringents and stimulants were used. A saturated solution of camphor in whiskey seemed most beneficial to the tumors upon the skin and in the mouth, but it could not be borne upon the labia at all.

I have not met with any description of purpura corresponding exactly with the present case. Circumstances did not admit of an examination of the dead body.

Had the mercury anything to do with the production of the disease?

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Salivary Calculus.—The largest accumulation of this substance which we have ever seen upon a single tooth, was presented to us by Dr. Wilkes Allen, of Boston, a graduate of the Baltimore College of Dental Surgery. Its longest diameter is one inch and one-eighth, and its shortest seven-eighths, and it is nearly five-eighths of an inch thick. It is of an irregular oval shape, quite smooth, except on its inner surface, where it had rested against the gum. Embedded in its substance is the entire crown and neck of an inferior dens sapientiæ, the tooth upon which it was deposited, and which, in the removal of this, was brought away with it. It is of a light-brown color, indicative of a bilious temperament, and weighs two drachms and seventeen grains.—*American Journal and Library of Dental Science.*

2.

Foreign Medical Intelligence.

ANATOMY AND PHYSIOLOGY.

1. *On the Intimate Structure of Bone.*—At a late meeting of the Microscopical Society of London, Mr. John Quequett read a paper, " on the intimate structure of bone in the four great classes of animals; viz. mammals, birds, reptiles, and fishes, with some remarks on the great value of the knowledge of such structure in classifying minute fragments of fossil organic remains." After alluding to the highly important results obtained by Mr. Owen, by the aid of the microscope, in determining the affinities of extinct animals by means of their teeth, the author went on to state, that having for some time paid considerable attention to the structure of bone in the four great classes of animals, he had found certain characters peculiar to each great class, by which a bone of one class could be distinguished from that of another. He briefly described certain characters which were present in all bones, and then those which were peculiar to each class; viz. the Haversian canals, and the bone-cells with their little tubes (canaliculi), proceeding from them; and he applied the characters derived from the bone-cells to the determination of the class of animals to which any minute fragment may have belonged; for he had ascertained that the bone-cells were smallest in birds, a little larger in mammalia, and largest of all in the reptiliæ. The bone-cells of fishes were remarkable for their being so unlike either of the three preceding classes, that having been once seen they could not easily be mistaken. The author then noticed the relative proportions of the bone-cells and blood-corpuscles of the same animal, and concluded by remarking that however different the size of animals of the same class may be, the bone-cells did not vary according to the difference in size: thus, the mighty iguanodon, some scores of feet in length, had no larger bone-cells than the smallest lizard which we trampled under our feet, nor the horse or the ox than the smallest of our quadrupeds, the mouse.—*London Medical Gazette.*

2. *Influence of Temperature upon the Respiration of warm-blooded Animals.*—M. Letellier has recently made " a series of experiments on respiration with birds and mammalia at low and high temperatures. The former varied in the experiments between 23° F. and 37°, the latter between 82° and 110°. The temperature could not be raised without the animals soon dying or becoming very uneasy. It was found that at about 32° the expired carbonic acid amounted to much more than at a higher temperature, and that this relation is more strongly marked in birds than in mammalia. The amount of carbonic acid in one hour was in—

	Between 59°—68°. grms.	Between 86°—104°. grms.	At 30°. grms.
A greenfinch, - - -	0.250	0.129	0.325
A turtle-dove, - - -	0.684	0.366	0.974
Two mice, - - - -	0.498	0.268	0.531
A guinea-pig, - - -	2.080	1.453	3.006."

Edinburgh Monthly Jour. of Med. Science.

MEDICAL PATHOLOGY AND PRACTICAL MEDICINE.

3 *Chronic Rheumatic Arthritis of the Toes.*—At the meeting of the Pathological Society of Dublin, held Jan. 4, 1845, Dr. Robt. W. Smith presented a remarkably fine specimen of this disease, affecting the joint between the metatarsal bone and the first phalanx of the great toe. The joint was greatly enlarged, forming a tumor somewhat of a globular shape, and larger than a walnut shell; all the structures entering into its composition were intensely vascular, the bones were of a bright scarlet color, deprived of their cartilage of incrustation, and grooved in the line of flexion; the end of the metatarsal bone greatly enlarged, was received into a cavity of a glenoid form, and constituted by three bones, the end of the phalanx, and two sesamoid bones; the long axis of this glenoid cavity was placed vertically, and was nearly two inches in length. Mr. Smith remarked that it was the most exaggerated example of the disease in the smaller joints that he had seen.—*Dublin Quart. Jour. of Med. Science.*

4. *On the Nature and History of Varioloid*, by Dr Ritter.—The following conclusions in regard to the nature and history of Varioloid, are appended to a highly interesting and valuable article on the subject, published by Dr. Ritter, of Rottenbourg,in the *Medicinisches Correspondenz-Blatt.* They are translated from the *Gazette Médicale de Paris.*

I. Varioloid was known in Europe at a period anterior to the introduction of vaccination, and has no connection whatever with it.

II. Varioloid has been known to occur in persons who have been vaccinated, as well as in those who have not been vaccinated; in such as have had small-pox, and in those who have never suffered from that disease; sometimes alone, and sometimes in conjunction with, or subsequently to, vaccination and small-pox;—hence it is not a hybrid disease, but possesses a specific character.

III. By inoculating persons with varioloid who have been vaccinated, and others who have not been vaccinated; those who have and those who have not had small-pox; two sets of pustules will be produced; some of these will closely resemble those produced by vaccination, and some will be of the varioloid character—an evident proof of the special nature of varioloid.

IV. If inoculation be made with a mixture of variolous and vaccine matter, some of the pustules will be of the genuine small-pox variety, and others simple vaccine vesicles; there will be none of the varioloid character;—hence this latter disease is not the product of a combination of the two others.

V. Varioloid is spontaneously developed in our country (Germany) under certain atmospheric conditions, and may be propagated by infection or inoculation, or even become epidemic.

VI. Epidemics of varioloid cannot result from infection and contagion, unless the constitution is rendered susceptible by a peculiar atmospheric condition.

VII. Varioloid is for the most part a benign disease, and rarely proves fatal.

5. *Chronic Capillary Bronchitis. Tartar Emetic and Balsam of Copaiva.*—A young woman had been for a long time suffering from a severe attack of capillary bronchitis. She was exceedingly pale and thin, but auscultation and percussion failed to detect the slightest trace of tubercles. The pulse was small and frequent. M. Legrouse (of the *Hôpital Beaujon*) directed that she should take from 3 to 4 grains of tartar emetic daily, in

syrup of ipecacuanha; this acted as an emetic, and its use having been continued for a few days, it was found that the bronchitis had almost entirely disappeared, and what was still more remarkable, the chlorotic appearance of the patient changed as the cough left her. Her present condition is highly satisfactory; her cheeks have regained their color, and she appears to be perfectly healthy. In order to prevent the recurrence of the bronchitis, however, she is required to take about a scruple of balsam of copaiva every day, administered in pills.—*Annales de Thérapeutique.*

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6. *Periodic Nocturnal Cough of Children.*—This cough, of little severity, but rather frequent and of a peculiar character, has not as yet been described by any author,

Symptoms.—This cough is most generally observed in spring-time and winter, but also frequently in autumn, rarely in summer; it seldom, if ever, occurs in children at nurse, but is observed in other children at all ages, and more frequently in boys than girls. During the day there is no cough, not even the vestige of catarrh, and when put to bed, the child falls asleep quietly at the usual hour; but in the course of a few hours it becomes restless, and coughs violently before awaking; it commences to cry, and the cough becomes more and more severe, till, in some cases, it produces vomiting: after one or two hours of suffering the child again falls asleep, and passes the rest of the night quietly. The cough returns at the same hour the following night, and continues sometimes for weeks and months; at last it commences to diminish, and disappears completely and spontaneously: the fits become shorter in duration, and occur at a more advanced period of the night, so that the length of sleep enjoyed previous to its occurrence is gradually prolonged. The children are pale, easily fatigued, and troubled with cold feet towards evening; they take their food, and play however, as usual, and appear otherwise to enjoy good health. The nocturnal cough has frequently a catarrhal character, and is generally accompanied with mucous rattle; sometimes, however, it is dry, croupy, and whistling: the kinks are short, isolated and uniform, and may recur every five minutes, or extend only to one or two.

Diagnosis.—This periodic cough can neither be mistaken for croup, which has well-marked symptoms, nor for hooping-cough. The latter is almost always epidemic, and occurs as much during the day as during the night, and is always remarkable from a peculiar dyspnœa. In the periodic cough there is no true appearance of suffocation; the children do not awake suddenly, as in a fit of asthma or spasm of the glottis, but they awake slowly, after having coughed several times during sleep. It most nearly resembles catarrh or bronchitis, but is distinguished from these affections by the complete absence of physical signs, and by the nocturnal periodicity of the fits, followed by complete remission.

Etiology.—The author regards this cough as dependent on an affection of the nerves, perhaps the vagus, and grounds his reasons chiefly on the symptoms, and on the circumstance that it has frequently appeared after an epidemic of hooping-cough, and whilst intermittent fevers were very prevalent among adults. This last remark has been made by several other medical men, whose attention was drawn to this cough by M. Brehrend.

The prognosis is always favorable. In one case the periodic cough was followed by bronchitis; but this was probably merely accidental. In another case there was frequent epistaxis.

Treatment.—The disease is generally more troublesome than serious, and requires no active treatment. Gentle purgatives, such as manna, with tincture of rhubarb, given in the evening, and attention to diet, are to be recommended. A drachm or two of mindererus, in a little sugar and water, may also be given before putting the child to bed. One medical man found small doses of quinine, given at bedtime, of great service; another found slight irritation of the skin, chiefly by means of pediluvia, and friction of the soles of the feet with roasted onions, and even enveloping the limbs after the manner of Priessnitz, beneficial.—*Dr. Brehrend in Journal par Kinderkrankheiten.—Monthly Journal.*

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7 *On the Internal Use of Caoutchouc, in cases of confirmed Phthisis.* By Dr. HALLER, *of Presbourg.*—A lad twelve years old, emaciated by a long sickness, had fallen into a state of hectic fever, with colliquation, cough and expectoration so suspicious, that he was considered lost. By chance he swallowed a piece of caoutchouc weighing two drachms. After its ingestion, he was sick for three days; but at the expiration of this time, appetite returned, the symptoms ceased, strength increased, and in six weeks he was completely cured.

A woman, aged thirty-eight years, who was also in a very advanced stage of phthisis, being struck with the extraordinary case above related, swallowed several bits of caoutchouc, and was also cured.

Mr. Haller, having proved these two cases, first verified the innocuity of caoutchouc, by numerous experiments upon himself, and then administered it to thirteen phthisical patients. Five out of the number soon experienced the greatest benefit from the treatment; the hectic fever left the others, but their phthisis remained stationary.

Mr. Haller first administers two grains of caoutchouc, and gradually augments the dose to three or four, and five grains, in pillular form.—*Gazette des Hôpitaux.*

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8. *Case of Injury to the Back, with subsequent enlargement of the Mammæ and wasting of the Testes.*—A recent number of the Provincial Medical and Surgical Journal contains the following highly interesting case, reported by W. J. GORRINGE, Esq., Surgeon:—

"CASE OF INJURY TO THE BACK, WITH SUBSEQUENT ENLARGEMENT OF THE MAMMÆ AND WASTING OF THE TESTES. By W. J. Gorringe, Esq., Surgeon.—William R., aged 60, was admitted a patient at the North London Hospital, February 3d, 1840, laboring under slight bronchitis, and at the same time presenting extreme enlargement of the mammæ, and wasting of the testes, apparently the result of an injury to the back. He was originally apprenticed to a fisherman; at the age of 22, went abroad as a sailor; was subsequently a laborer, and has lately been in Spain. From an early period of his life says he has been particularly devoted to the female sex, and at the age of 16 entered a club which was established at Rochester, for the purpose of enabling its members to obtain women in the most economical manner. At the age of 30 he married, but still continued somewhat gregarious in his habits; he had one child by his wife; her health, however, was extremely bad, and she died in two years. Six months after her death he again married, and had two children. He states, however, that he was seldom ever able to perform his matrimonial duties at home, in consequence of his wife generally coming home late, and tired, from washing, and hence occasionally performed them elsewhere.

"About two years and a half ago, he left England, and enlisted in the service of the Queen of Spain, in consequence of having been discovered by his wife in a 'faux pas' with another woman. On the 30th of August, being pursued by Don Carlos, after a skirmish, he had to cross a trench that lay in his way, and in attempting to leap it, he fell with his chest against the edge of its opposite side. The concussion he sustained was so great, that he fell upon his back to the bottom, a distance of ten feet, and received a blow upon his loins, and another upon his neck over the second cervical vertebra. He remained insensible about four hours, during which time he received some slight injuries on the back of his head from the enemy; and then made his way to the hospital. Three days after this accident he felt great pain, of an aching throbbing character, in his mammæ, which became red and enlarged, continuing to do so for about a month. Five weeks after the accident, he felt severe darting pains from the lumbar region in the direction of the cord to the testicles. The testicles now felt hot and painful, and from this time continued gradually to waste; his voice soon after became altered, and more feminine; his beard grew softer, and he mentioned that an alteration took place in the back of his head.

"His mammæ now are extremely enlarged, pendulous, heavy, and somewhat knotted; the nipple is surrounded by an areola of about the breadth of an inch, but faintly colored; the breast has no appearance of containing milk, even by applying a cupping class; the right testicle has almost totally disappeared, and the left is about half its natural size. Previously to the accident, he possessed perfect virility, but has subsequently lost all power of sexual intercourse, and has not even had an erection. On one occasion he attempted connection with a woman, but discovered it was 'no go.'

"For the bronchitis he was ordered half a grain of opium twice a day, and had an expectorant mixture, to be taken occasionally.

"Feb. 11th. Left the hospital at his own request, the bronchitis being considerably relieved.

Dimensions of the Mammæ.

Circumference at base - - - - - - -	14	inches.
Length transversely - - - - - - -	7	"
Length vertically - - - - - - - -	6	"

Dimensions of Head.

Horizontal circumference - - - - - -	22¼	inches.
Between summit of each ear vertically - - - -	11	"
Between upper and anterior part of each ear posteriorly	10½	"
Between lobes of each ear posteriorly - - - -	9	"

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9. *Variola modified by the Vaccine.*—A young man, aged 18, entered the Hôpital La Charité, September 21, 1845. He had been attacked on the 17th with symptoms of a febrile affection, which threatened to be of some severity, for which he was bled on the following day. On the morning of the 20th, the fourth day, appeared the first papulæ of variola; he was vaccinated the same day with dry vaccine matter, which had been preserved between two plates of glass, from twelve to fifteen punctures being made in each arm. On his entering the hospital a great number of variolous pustules had already appeared, scattered over the whole body, but principally on the face, without, however, being confluent. The fever was moderate; no trace of the vaccine was observed, with the exception of three or four small superficial puncture-marks, without either elevation or redness, on the right arm.

The variolous eruption followed its course without accident, rapidly running through its several phases. There was neither secondary fever, nor swelling of the face and extremities. From the sixth to the eighth day of eruption the pustules had already arrived at the period of desquamation. At this time, and until the 29th of September, the tenth day of the eruption, the traces of the vaccination had not altered; the punctures had not made the slightest progress. The arm was now no longer examined daily; desquamation went on regularly, the cicatrices being somewhat elevated, and assuming a papular form.

On the fifth of October the patient said that the vaccine seemed to have taken within the last five days, and on examining the right arm four vaccine vesicles, already almost dried up, were observed among the punctures, which were yet apparent. "There was no room for deception," adds M. Tardieu, the reporter of the case; "in the midst of the small white elevated cicatrices, left by the variola, were these four pustules, from five to ten millimetres in size, one of them covered with a thick brown crust, the others with a liquid in part dried up, and all surrounded by a very narrow circular areola, of a vivid red color, and without vaccine swelling."—*Archives Générales de Médicine.*

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10. *A new Method of arresting obstinate Singultus.*—Hiccup sometimes occasions serious inconvenience to those who are affected with it, and is often so obstinate, as to resist all means that may be used to overcome it; hence any new method that promises success, should be generally made known. The following plan for arresting it, temporarily at least, is recommended by Dr. Rostan, and a case in which it was successfully tried, is reported in the *Annales de Thérapeutique*, as having occurred in the wards of the "Hotel-Dieu." The patient in this case was a hysterical young woman, who had been harassed by the complaint for so long a time, that serious fears were entertained for her life. The means employed for her relief consisted of constant pressure upon the epigastrium, made with a large pad the size of the fist, attached to the spring of a hernia truss. Immediately on the application of the instrument the spasmodic action of the diaphragm ceased, and the patient was so much relieved as to be able to attend to her usual occupations, and eat and sleep in comfort. The most remarkable feature in the case, however, was the fact, that although its use had been continued for several days, so soon as the bandage was removed, the hiccup returned; if the pressure was partially suspended, there was a partial recurrence of the trouble, but it was always arrested so soon as a sufficient degree of force was used, to press pretty firmly upon the region already indicated. In the case of this female almost every remedy that has been recommended as useful, was previously had recourse to, but without producing the slightest beneficial effect.

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OBSTETRICS AND DISEASES OF WOMEN.

11. *Black Oxide of Mercury in the Vomiting of Pregnant Women.*—Dr. Stackler communicated recently to the Medical Society of the Lower Rhine, two cases of obstinate vomiting in pregnant women, which he succeeded in relieving by the use of black oxide of mercury in the dose of one grain a day. No salivation followed, and no inconvenience whatever ensued from the use of the medicine. Dr. Janger likewise cited cases of hysterical convulsions attended with sympathetic vomiting, which were cured with the black oxide of mercury. He considers the medicine so appropriate in irritated conditions of the organ, that he recommends its use, not only in pregnancy, but also when the uterus is in a state of vacuity.

The importance of this property of black oxide of mercury, should experience confirm the statement that it does in reality possess it, will be fully admitted when it is borne in mind how obstinate and how very serious these vomitings sometimes are. Professor Forget mentioned, on the occasion of the report of Drs. Stackler and Janger, the case of a woman who, having been reduced to the last stage of emaciation by these nervous vomitings, finally died from their effects during the sixth month of utero-gestation—*Gazette Médicale de Strasbourg.*

12. *Case of Placenta Previa.*—The following case of placenta previa has been communicated by R. Ley, Esq., to the editor of the *Provincial Medical and Surgical Journal..*—" Mrs. W., a woman of stout plethoric habit, was seized with a severe fit of coughing, which was followed by a discharge of blood from the uterus. I found her suffering from hemorrhage to a very considerable extent. She did not expect to have a child for about a month. I ordered the usual remedies, with perfect quietude, the horizontal position, &c., and she rallied, but flooding continued to a trifling extent, occasionally, during the next month, about the expiration of which time I was sent for, being informed that she was then in labor. On arriving I found that the uterine contractions had commenced; the os uteri about the size of a crown piece, and easily dilatable; the afterbirth presented, and the hemorrhage at that time inconsiderable; a very few pains expelled the placenta. On making an examination I found the head of the child presented, the flooding ceased, and in about ten minutes the child was born.

" I have attended the same patient four times in labor; three times out of the four there has been, singularly enough, a placenta presentation; twice the placenta was expelled before the child, and once I delivered by turning, according to the old rule laid down in such cases. No subsequent hemorrhage occurred in either instance."

13. *Twins born with an interval of two months.*—A young female married eighteen months, was delivered March 24th, at the eighth month, of a viable child, which however had not attained its full development. The labor was easy, and the placenta came away spontaneously a quarter of an hour afterwards. Nothing remarkable followed the delivery, except that the mammæ did not enlarge; the infant was put to nurse. During convalescence, the woman thought she felt distinct movements of another child, and the abdomen increased in size. On the 20th of May, she was again seized with the pains of childbirth, and brought forth a second child perfectly formed, more robust, and weighing more than the first. On the third day the breasts became swollen, and strong fever showed itself, after which the patient had milk enough to nurse both infants. The case is reported by Dr. Wilberg, in the *Annalin der Staatsarzneikunde.* —*Provincial Medical and Surgical Journal.*

14. *Inversion of the Uterus, and Death of the Patient, from a Midwife's Forcible Extraction of the Placenta.* By John Christie, M. D., &c., *Aberdeen.*—On the 22d of February last, Mrs. Crawford, aged 34, a healthy, well-made woman, was taken in labor of her fourth child at midnight. A midwife was summoned to attend her, and at noon of the following day, she was delivered of a lusty male child. The placenta, however, was not immediately extruded, and after waiting about half an hour, in expectation that it would be thrown off by natural means, the midwife got impatient, and, by pulling on the umbilical cord, endeavored to bring it away, but she failed to move it in the least. The midwife and patient now got alarmed, and, in consequence, a surgeon residing in the immediate neighborhood was sent for, but, although he paid instant attention to the sum-

mons, the placenta was delivered before his arrival. He was, in fact, met at the door by the midwife, who told him that "all was right," a statement in which she was joined by the woman herself, when he inquired of her how she did. Not thinking that there was any necessity for proceeding to a particular examination, he left the house without making further inquiry, a proceeding in which he was no doubt justified by the double assurance of the patient and midwife as to the happy termination of the case. A hurried messenger, however, overtook him, before he was any distance from the patient's residence, and requested him to return. He did so; and to his surprise, found the woman all but speechless. There was then no hemorrhage, but the bed was soaked with a large quantity of blood; and on making a vaginal examination, he found the fundus of the uterus protruding into the cavity of the pelvis.

The woman was at this time evidently moribund; but as there was no hemorrhage, the gentleman in attendance instantly resorted to the liberal use of brandy and ammonia, with a view of "obviating the tendency to death," and to rouse the system, so as to permit the reduction of the inverted uterus to be undertaken with comparative safety. No effect was produced by this stimulation; she did not rally even for a moment. In this position of affairs I was sent for, but although I reached the house within two or three minutes from the time the message was despatched, I was too late to see her in life.

To satisfy myself of the nature of the case, I made an examination *per vaginam*, and found the fundus and body of the uterus inverted, and surrounded by the os uteri, as if by a collar. The tumor was of a globular form, felt soft, had a volume of nearly the size of the full-grown fœtal head, and fully occupied the cavity of the pelvis. I next questioned the midwife, as to what had happened between the time when a surgeon was first sent for, and his arrival; and learned that the patient, being averse to the presence of a medical man, insisted that she and the midwife could "manage it," that is, the delivery of the placenta, before he came. Acting on this impression, the two set to work—the woman clasping her fingers together, and pressing downward with the palms of the hands applied over the fundus, while making a bearing-down effort,—the midwife, on the other hand, at the same time pulling strongly and resolutely by the cord:—and thus was the placenta delivered, accompanied by a gush of blood. In a subsequent conversation, the midwife denied the last circumstance, and asserted, that whatever flooding there was, took place *previous* to the extraction of the placenta.

Post-mortem Appearances, twenty-three hours after death.—Externally, the body had a very pale and exsanguined hue. On placing the hand over the hypogastric region, a cup-like depression, bordered by a prominent convex ring, was found in the situation of the fundus.

When the abdomen was opened, its viscera presented the same bloodless hue as the body externally, and the uterus corresponded exactly in appearance to what was discovered of it, by manual examination before exposing it. The ovaries lay at each side, on the posterior edge of the cup-like depression. The uterus was very lax, and evidently only slightly contracted. When the inversion was reduced, which was easily done, the fundus reached for an inch or two beyond the umbilicus. The inner surface of the uterus presented nothing remarkable. A few small clots of blood were found on it, and the seat of the placenta corresponded with the fundus, to which it had been attached rather more to the left and behind, than to the right or in front.

The placenta, when examined, was entire, but two rents extended inwards from its edge almost to the insertion of the cord.—*Edinburgh Mon. Journal of Med. Science.*

SURGERY.

15. *Thrombus or Bloody Tumor of the Vulva; its nature and treatment.*—By M. Velpeau.—This tumor sometimes exists on both sides of the vulva; for the most part, however, it is confined to one of the labia majora, or to a portion of the interior of the vagina. It is ordinarily of the size of a walnut, an egg, or the fist; but occasionally grows so large as to equal in dimensions the head of a new born infant. Its color is a dark purple, and it usually presents a globular, spheroidal, or elliptical form, which projects from the mucous surface of the vulva or from the interior of the vagina.

Of an indolent nature, these bloody tumors are generally soft, and present the sensation of fluctuation where they point internally. When the most prominent portion of the tumor, however, is on the pubic or femoral side, it is found to be so dense and resisting that fluctuation cannot be detected with anything like positive certainty. By pressing it between the fingers, or attempting to draw the tumor outwards, it may be easily ascertained that it is wholly independent of, and has no attachment to the bones of the pelvis; i. e. it may be easily moved along with the labium with which it is connected, around the whole circuit of the inferior strait, showing that its relations are only with the soft parts.

When, together with the characteristic signs just indicated as belonging to it, the tumor has been rapidly produced—in the course of a few hours, for instance—the diagnosis is rendered very easy. Abscesses, cysts, and all other tumors, are developed in so different a manner, and vary so materially in their anatomical characters, that confusion in diagnosis would appear, under these circumstances, to be impossible.

This disease is of very frequent occurrence, and if it has been described by writers as being rare, it is undoubtedly because it has been often mistaken for tumors or diseases of another kind.

Thrombus of the vulva has been considered by some writers as being peculiar to lying-in women or those who have already borne children; it is now, however, a well established fact, that females are subject to it at all periods, and in every condition of life. I have myself seen as many as six cases in one year, and I know of nearly twenty that have occurred in women who had never been pregnant. I have seen it in a young girl fourteen years of age, whose person had been violated. I have likewise seen it in young women of eighteen, twenty, twenty-five, and thirty years of age; women, thirty-five, forty, fifty, and even sixty years old, have also been under my care for it. I consider it, then, to be a disease of almost as frequent occurrence in women who have never had any, as in those who have borne children. It is only necessary for us to reflect for a moment on the nature of the disease to be convinced that delivery can only be one, and not the sole cause of these tumors. Thrombus of the vulva, in effect, is simply the result of a rupture of small vessels, sometimes accompanied with, but almost always independent of, any wound of the integuments; and no one can deny but that a collection of blood, occasioned by such a lesion, may be established on the vulva under the influence of every variety of mechanical cause that would produce it elsewhere. In unimpregnated women, Thrombus in this locality may be occasioned by a fall on the corner of a chair, or over a log of wood; from a kick, which I have known several times to give rise to it; astride the wheel or shaft of a carriage; the sharp edge of a bucket; the edge of a bathing tub; all of which causes I have known produce it; but probably the most frequent of all the producing causes, and one that will be but rarely admitted, is too great indulgence in coition. I have seen several cases in prostitutes, or young women who gave themselves up without reserve to the indulgence of their venereal appetite, and in these instances it has been impossible to detect that the disease had been occasioned by any other cause.

When once formed, Thrombus of the vulva progresses in the same manner as other bloody tumors. It may undergo various transformations; either the effused blood gradually disappears and the disease terminates by resolution; or the fluid portion only may be absorbed, and the clot remain, to constitute in the end a concreťe tumor, the exact nature of which it will be in some instances very difficult precisely to ascertain. In other cases, the more solid portions may disappear, leaving the fluid part, which will be gradually added to and occasion the formation of a cyst, which may be filled with a reddish pultaceous matter; an oily demi-transparent substance; or simply with serum. Finally, in some instances it becomes heated, inflames, and is converted into a true sanguineous abscess.

These latter varieties of character of the tumor are met with in nonpregnant women, for they rarely consult their physician at the commencement of the disease, either hesitating to speak of it at all, or being prevented by feelings of modesty, or for other reasons, from declaring the true cause of its origin. When Thrombus occurs during labor, however, it is different; the tumor is then formed, as it were, under the eyes of the surgeon, and proper therapeutic means can be resorted to, to arrest its progress. At the period of delivery, Thrombus of the vulva generally occasions severe pain, which is, however, independent of any inflammatory action. With some few exceptions, no real suffering is occasioned by bloody tumors of the labia majora after the first three or four days following delivery; and it may, like every other variety of Hæmatocele, exist for an indefinite period as an indolent swelling.

It is important that practitioners should be made acquainted with the fact, that when a Thrombus about the perineum inflames and is converted into an abscess, it gives issue, on being opened, to matter which is generally very fœtid, and from its peculiar odor might give rise to the supposition that the tumor communicated with the intestines. This is a fact that I have noticed very frequently, and one that I first indicated in the year 1830. The smell is caused simply by the proximity of the abscess to the rectum, for it is well known that a purulent collection will have imparted to it the peculiar odor of any substance that stagnates in the vicinity of parts lined with a mucous membrane. Thus forewarned on this point, the surgeon should entertain no apprehension, and need not be alarmed by the fear of the formation of a fistula in ano.

The *prognosis* in cases of bloody tumor of the vulva, although a little more so than when the disease is situated on other parts of the body, is by no means very unfavorable. The danger has been exaggerated; and if death has followed their formation in some instances, it has been occasioned by the hemorrhage being very great.

When sufficient time has elapsed for a Thrombus to be converted into a solid tumor, a pultaceous, or a serous cyst, the disease then belongs to another order, and should no longer be classed with bloody tumors proper; my present remarks, therefore, in regard to prognosis being favorable, should apply only to such as are of very recent formation; in other words to Thrombus proper, and not to the tumor after it has become inflamed and degenerated.

The *treatment* of Thrombus of the vulva necessarily varies, according as the tumor is large or small, with or without a solution of continuity of the skin, or diminution in the thickness of the integuments, and accompanied or not by inflammation. It would be superfluous to indicate the treatment of simple sanguineous infiltration, as it requires no particular care, and will yield to the same means that are resorted to in simple ecchymosis or infiltration of blood in any other part of the body; the indications are the same, and the same plan of treatment should be adopted for Thrombus in this locality as elsewhere.

Provided there is no external wound, simple discutients are the only means that should be first tried. Pledgets wet with lead water should be applied for one or two days, in order to lessen any tendency to inflammation, to relieve pain if it exists, and to produce slight pressure. At a later period saline washes, especially one of carbonate of ammonia, may be advantageously substituted for the solution of acetate of lead. These simple means generally suffice, with time, to discuss the tumor, which, it should be borne in mind, will disappear spontaneously in a number of cases. When, however, at the expiration of fifteen or twenty days, the size of the Thrombus remains unaltered, and there is at the same time no appearance of inflammatory action going on, other means will become necessary.

Except in a few rare cases, where the tumor is small and not painful, and occurs in non-pregnant women, rupture by *écrasement*, with or without previous puncture, should be rejected as insufficient and not to be relied upon.

Caustics do not at all suit in these cases. Their action is too slow and unequal, and an enlightened practitioner would scarcely give them the preference over other means, unless it might be in some exceptional cases, where, for instance, the disease existed in women who were too timid to permit the use of the knife, and who were at the same time not near their confinement.

I consider that *incision* is *the remedy* against bloody tumors of the vulva that resist an absorbent treatment, and which, either on account of their size, or because of the accidents which they occasion or which accompany them, do not admit of delay. This, however, is not the universal opinion amongst surgeons. Many practitioners think that the resolution of a Thrombus is always possible, and that for this reason, it is, to say the least of it, useless to resort to the bistoury. Others again, are of opinion that the operation is a dangerous one. Forming an estimate from the results of my own practice, I should say that both opinions are wrong if adopted exclusively. I have seen bloody tumors of the vulva, when abandoned to themselves, and when treated by every variety of discutient, persist for an indefinite period, either remaining stationary, continuing to increase in size, or undergoing various transformations.

Hemorrhage is regarded as the chief danger to be apprehended in the operation of incision, and it has been asserted to have been so abundant that death has been the consequence in several instances. It seems to me that in these cases the cause of the accident has been misunderstood; I do not think it possible that any serious hemorrhage could follow the incision of a Thrombus of the vulva, inasmuch as in that locality there is no artery, and indeed no vessel at all of sufficient importance to give rise to it. It would appear to me to be much more reasonable to conclude that the hemorrhage was only a continuation of the accident that gave rise to the effusion of blood into the Thrombus. For this reason I should not refer the bleeding to the incision of the tumor, but look upon it simply as a continuation of the cause that operated to produce the disease. One thing is certain, viz., that I have incised more than twenty of these tumors of the vulva, and in no one instance has any hemorrhage followed the operation. Suppose, however, that a hemorrhage was to ensue, what is there to prevent the application of proper pressure? It may be accomplished either by plugging up the interior of the cyst, or by graduated compresses applied to its sides; both the form and situation of the parts are favorable for its use; recourse might also be had to cauterization under very unfavorable circumstances, when the flow of blood was so abundant as to cause serious apprehension, and where the more simple means had proved ineffectual to arrest it. Hemorrhage, however, is not at all likely to ensue from the incision of a Thrombus of the vulva.

But another question presents itself in connection with the subject, and it is as to whether a *large* or a *small* incision should be made. I am decidedly of opinion that when once the use of the bistoury has been determined upon, the incision should be a large and not a small one; if small, it will permit the escape of the fluid portions of the effused matter only, and will thus fulfil but imperfectly the indications. A large opening scarcely increases the risk of inflammation, whilst at the same time it admits of the contents being entirely emptied, and of the cavity of the cyst being properly cleansed. The vessels which might be divided in either case, are too small and trifling to influence the decision of the surgeon in regard to a long or a short cut; should they bleed freely they may be easily seized and tied, or twisted, in the lips of the wound.

The incision being once made, some surgeons have thought, with Dewees, that the tumor should be allowed to empty itself, and that no pressure should be made upon it. Such a course should not be imitated—there is no plausible reason in favor of adopting it. If practised in this manner, incision would be productive of no other beneficial results than relieving the pain which might be occasioned by distension. The cyst should be emptied of all the clots that it may contain, be freely washed, then filled with pledgets of lint, and have, where there is pain or inflammation, a large flax-seed poultice applied all over it, or else a plaster of simple cerate, and compresses wet with lead water.

It is important to determine at what portion of the cyst the incision should be made. There is both a point of election and one of necessity. If any particular part of the Thrombus is found to be very thin, salient, and about bursting, the opening ought to be made at that point;—it is the *lieu de nécessité.* Under other circumstances, as when the parietes offer at all points the same degree of thickness, more advantage will be found to follow an incision made on the outside, or at all events near the free margin of the labium, than on the inside of the vulva near the vagina. The wound should be prolonged as far as possible towards its inferior extremity, and down to the lowest point of the tumor.

Before ending this short article, I will state my belief that where it exists in pregnant women near their confinement, Thrombus of the vulva should be incised at as early a period as may be practicable, for if left to itself it will present a serious obstacle to delivery. When it exists in women who have been recently confined, it generally occasions so much pain that prompt relief is rendered necessary; in these cases, likewise, I unhesitatingly recommend incision as the most rational method of treatment.

In conclusion, then, I consider that, with the exception of such peculiarities as I have indicated, Thrombus of the vulva should be regarded as similar to bloody tumors in other parts of the body; the causes producing it, the mechanism of its formation, the prognosis, and the treatment appropriate to it, are the same as in other localities.

I deem it unnecessary to enter minutely into the consideration of bloody tumors of the vagina that occur exclusively during the progress of, or immediately after labor, a number of cases of which have been collected by M. Deneux, inasmuch as I look upon nearly all of them as assimilating to the disease, such as it has just been described.

In regard to the termination, by gangrene, of Thrombus of the vulva, two cases of which are mentioned by M. Vidal (*Pathol. Chir.*, vol. v., p 732), I may state that I believe it to be very rare; when it does take place, however, there are no special indications to fulfil, and it must be treated on good general principles. The same remark may be made likewise in reference to the inflammation and suppuration that will occasionally supervene on simple incision of the tumor.—*Journal de Chirurgie.*

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16. *Removal of a portion of the Liver from the Human Subject.*—Dr. Macpherson, in the *Northern Journal of Medicine*, having referred to two similar cases, records that of a Hindoo, from whose liver a considerable piece was removed during life, and without a fatal result. The man had been stabbed in the side about twelve hours previously to his being brought to the doctor, who found a wound about an inch long, through which a triangular piece of the liver, about the size and shape of four fingers, projected. Finding its return impossible without enlargement of the wound, Dr. Henderson resolved on cutting it off, and

"To prevent hemorrhage, a ligature was applied tightly round the base of the protrusion, which was then cut off. Two arterial twigs bled very freely, and it was found necessary to take them up, and a double ligature was also passed through the stump, and tied on either side, when all bleeding ceased. No attempt was made to return the portion of liver which still filled up the wound, as it was desirable to prevent all risk of blood or bile being extravasated into the cavity of the abdomen. For a day or two the patient was rather low, and had slight irritative fever, and the bowels remained costive. These symptoms yielded to a few doses of purgative medicine, and in nine days the ligatures came away along with a small slough of liver; the wound granulated and healed, and the man returned to his home in three weeks. No bilious discharge occurred from the granulating surface of the liver. The portion removed, after having lost its blood, and being in spirits for some weeks, weighed 1¼ oz., its surface uneven, though not torn; and it is probably a portion of the edge of the right lobe, from near the notch between it and the left.

"It might be added, that the patient complained of a good deal of pain when the surface of the liver was touched, but the cutting through its substance caused him hardly any.

"The old man appeared two months after as prosecutor in his own case; he was in perfect health. There was a little puckering in of the skin about the wound, and the liver was evidently adherent beneath."—*British American Journal of Medical and Physical Science.*

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17. *Extraction of a Five-franc piece from the Œsophagus.*—On the sixth of April, a man thirty-five years old was disputing with several of his friends upon the possibility of swallowing a five-franc piece. He maintained that the thing was impossible—that its size would prevent it; at the same time he placed a five-franc piece between his teeth and partly into his mouth, not having the least intention of swallowing it. A quick inspiration, however, precipitated it into the pharynx, and from thence an effort of deglutition transported it into the œsophagus. The patient was seized with a fit of suffocation, which lasted about an hour, when the respiration became normal. Deglutition, however, continued to be painful, and he was able to swallow only a few spoonfuls of liquid. The evening of the day on which the accident happened, a physician administered an emetic, which produced several vomitings without displacing the foreign substance. The following night there was sleeplessness and a painful sensation in a fixed point of the neck, opposite to the cricoid cartilage. On the seventh of April the patient was able, but with difficulty, to take some very thin soup. The same day he endeavored in vain to swallow a small quantity of well masticated bread. During the night of the seventh he slept calmly, and on the eighth was received into the wards of M. Jobert, at the *Hôpital Saint-Louis.* On being questioned, he complained of a painful sensation at the point already mentioned. M. Jobert commenced by introducing a gum-elastic catheter into the œsophagus, the patient being in the recumbent posture. Not being able by this means to feel any foreign body, he caused him to sit up, and carefully introduced the instrument of Graeffe, with which he felt what was supposed to be the piece of money, on a level with the cricoid cartilage. By conveying to the instrument a gentle rotary movement, he was enabled to pass beyond the obstacle, and on withdrawing it slowly he succeeded in catching the five-franc piece, which was pulled upwards as far as the pharynx, from whence it was removed with the fingers. The pain in the œsophagus ceased immediately; no serious consequences ensued, and the patient was discharged from the hospital on the second day after his admission.—*Bulletin de Thérapeutique.*

18. *Luxation of the Elbow.*—At the last meeting of the Surgical Society, M. Malgaigne made known a new pathognomonic sign, very simple and very easy to be detected, to distinguish luxation of the elbow backwards, from fracture of the inferior extremity of the humerus. In the case of fracture, the projection formed by the humerus is always above, or at least on a level with the bend of the arm. In the case of luxation, the projection is always below.—*L'Abeille Médicale.*

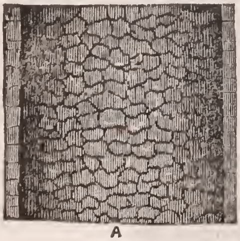
MATERIA MEDICA AND PHARMACY.

19. *New Method of detecting spurious Musk-pods.* By Dr. J. M. Neligan. (*Dub. Quart. Journal Med. Science.*) Owing to the high price and great demand for musk, both as a medicine and as a perfume, it is very generally much adulterated. This fact is so well known to apothecaries and to druggists, that those who have even a moderate consumption of the drug, prefer purchasing it in the unopened musk-bag, or, as it is technically called, *musk-pod.* This precaution, however, is often found not to be a sufficient protection against fraud, as spurious musk-pods are not uncommon in commerce, so well prepared that even the most experienced eye is often unable to distinguish the true from the false.

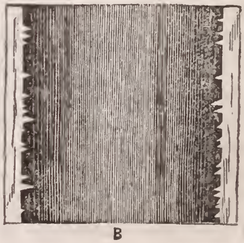
It is now very generally known, that musk is the peculiar secretion of a small sac situated immediately in front of the preputial orifice of the male musk animal, the *Moschus moschiferus,* and that it is principally imported into the British market from China. The Chinese, finding a greater demand for musk than they are able to supply with the genuine article, squeeze out some of the secretion, which is fluid in the recent state, and mix it with, it is believed, the dried blood of the animal; this compound, which presents the same physical characters as true musk, they put into small sacs made of pieces of the skin cut off from other parts of the animal's body, and prepared with the usual ingenuity of this people, so much so indeed as almost to defy detection with the naked eye.

The method hitherto adopted for detecting this sophistication, has been the peculiar position of the hairs, which are arranged in a circular manner round the orifice in the genuine musk-pod, and also the absence of any remains of the penis in the artificial pods. But those characters are not invariable, and I have seen some spurious musk-pods which were so skilfully prepared, as to be undistinguishable from the genuine article, when compared with them.

The plan which I propose depends on the microscopic characters of the hairs which grow on the preputial sac of the musk animal, and which, as far as I have been able to detect by direct experiment, differ very remarkably from those of the false sacs which are met with in commerce. This test I have recently had an opportunity of pointing out to my friend Professor Christison, of Edinburgh, and of illustrating it to him from specimens in his own museum. The character of the hairs may be readily understood by a reference to the accompanying wood-cut, of which the one marked A represents a hair from a genuine, and that marked B, one from a false musk-pod. Hairs of the same size have been selected, and they are drawn as seen through a microscope of 300 diameters.



A



B

The difference appears to depend on the fact, that the hairs of this part of the animal are furnished in the interior with distinct, regular color-cells; while in hairs taken from other parts of the animal's body, those cells appear to be obliterated, as is generally the case in this and the allied tribes of animals.

The method I have now proposed is a very simple one, and of easy application, and cannot be considered too scientific in the present day, when every pharmacentist must be supposed to be provided with a microscope at least of the power above spoken of, without which he could not possibly detect the adulteration of arrow-root and of the other feculæ of commerce.

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20. *Ammoniacal Blistering Ointment.*—The following improved formula for the ammoniacal blistering ointment is recommended by M. Goudret, as being in many respects preferable to that which has hitherto been in use:—

Take of lard, - - - - - - - - - - 32 parts.
" oil of almonds, - - - - - - 2 "

Melt the lard with the oil by the application of a gentle heat; pour them in the melted state, into a wide-mouthed bottle, and add,

Solution of ammonia, - - - - - - 17 parts.

Mix by constant agitation until it becomes cold.

It is necessary to avoid using too great heat in preparing this ointment. When well prepared, it will produce vesication in about *ten minutes,* and will retain its properties unimpaired for about a month, if kept in a well stopped bottle.—*Dublin Medical Press*—from *Journal de Pharmacie.*

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21. *Means of ascertaining the efficacy of Digitalis.* By M. Falkin (*Chemist, Feb'y,* 1846), *p.* 92.—According to M. Falkin, the following plan is a means of ascertaining, in an infallible manner, whether or not digitalis possesses its virtues. Seven grains of the powder of the leaves of digitalis are to be infused in boiling water, and after an hour to be strained off. When cold, 20 to 30 drops of a solution of ferrocyanide of potash are added, prepared with ten grains of this salt, to half an ounce of distilled water.

If the digitalis is active, the infusion becomes rather clouded; but if the cloud does not appear before ten or fifteen minutes, we may consider the digitalis as not possessing a sufficient degree of activity.

According to M. Falkin, the digitalis grown in Switzerland has proved the most active.

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22. *Adulteration of Iodine.* (*Southern Journ. of Med. and Pharm., from Jahrb. für Prakt. Pharm.*)—M. Herberger draws attention to the fact, that with the present high price of iodine, sophistications are uncommonly frequent. Thus he found in one sample native sulphuret of antimony. But the adulteration with artificial graphite is far more deceptive; it may, however, be readily detected by driving off the iodine at a gentle heat, and subsequently raising the temperature with access of air. In one instance the author found no less than 51 per cent. of graphite.

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23. *Composition of Brocchieri Water.*—The following recipe for preparing this celebrated styptic, is contained in a late German journal (*Archiv. der Pharm.*) and copied into the *Southern Journal of Med. and Pharm.:*

℞—The wood of the fir, cut small
and bruised, - - - 1 part.
Water, - - - - - 2 parts.

Let it macerate for 12 hours, and distil over a portion of the product. It is then left at rest for 24 hours, and we remove the essential oil. This water must be shaken before it is used.

24. *Preservation of Lunar Caustic.*—Duméril covers the sticks of caust with a layer of sealing-wax, containing a large proportion of shell-lac, which adheres strongly to it. These sticks may then be used just like pencils; the end to be used only requires to be uncovered with a penknife.—*Journal de Pharmacie—Charleston Journal.*

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TOXICOLOGY.

25. *Case of Poisoning by Strychnia.*—An apothecary's assistant, of drunken habits, when in a state of excitement from dancing and drinking, retired to his bed-room, and while in bed swallowed a quantity of strychnia. Dr. Theinhardt saw him in about a quarter of an hour afterwards. He was then lying calmly in bed, and admitted that he had swallowed at least half a drachm of strychnia dissolved in spirits. There was nothing unnatural in his respiration, state of pulse, or temperature of the skin, and no symptom indicative of the action of strychnia; circumstances which, in spite of the repeated declarations of the patient, led the physician to doubt whether he could really have taken so large a dose of strychnia. In the course of a short time, however, there was general spasm of the muscles, with hurried respiration, violent convulsions, and rigidity of the body. An emetic was then administered, but without effect. In a few minutes a violent convulsion, involving the whole body, supervened, and this was accompanied by opisthotonos. These fits succeeded each other frequently for about half an hour, when death took place. The tongue, gums, and lips, had a violet color, as well as the fingers and toes. The fingers were convulsively folded on each other, while the toes were drawn backwards. The whole of the body was stiff, as hard as a board, and drawn somewhat backwards. As it has been already stated, during the short time the patient retained his consciousness, he would not admit that he suffered any pain or uneasiness; although, from his having been heard to groan, it is probable that his sufferings were great before he was seen by Dr. Theinhardt.—*Casper's Wochenschrift,* in *London Medical Gazette.*

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26. *A Case of Poisoning by Camphor.* By Thomas Reynolds, M. D., of Brockville, C. W.—Mr. C., ætat. 20, of a healthy constitution, and full habit, was standing in a shop where a druggist was breaking up cakes of camphor to put up in bottles. Talking to a bystander, he began to eat the crums of camphor, and unconsciously swallowed, bit by bit, probably from one to two drachms in the course of a few minutes. Feeling a degree of headache coming on suddenly, and without thinking of the cause, he went to the open air, felt greatly exhilarated, met a friend in the street with whom he proposed to have a rubber of whist. Upon reaching his lodgings, he said he felt unusually clear-headed, and felt quite confident that he could play a capital game. Soon after sitting down, his gestures and conversation became very strange and wild. Leaving the room suddenly, he retired to his bedroom adjoining, and returned, to the no small astonishment of his friends, naked and dancing wildly about, and attempting to jump out of the window. I was sent for, and upon questioning him, found that he had been eating camphor, as described above. I found him in a state of great excitement, almost amounting to phrenzy, his pulse 180 and small—conjuctiva injected—pupil not much dilated, scarcely sensible to light—countenance pale and haggard—breathing hurried, and at times greatly labored—a frequent desire to make water, with some pain in the course of the spermatic vessels—urine quite clear, but having, as well as the perspiration, a very strong odor of camphor—a clammy sweat breaking out over the body. Drachm doses of vinum opii, which happened to be at hand, were administered

every fifteen minutes. After a third dose there was a tendency to vomiting, which was freely encouraged by giving tepid water and vinegar. Some of the camphor was thrown up with the contents of the stomach. After the vomiting, drowsiness came on; but as the pulse was still very small, and the respiration hurried, it was thought advisable to keep him awake, and keep up the administration of the vin. opii in doses of ʒss. every twenty minutes. After a few doses the pulse became fuller and less frequent—the countenance much less anxious—the respiration less hurried, and he was allowed to fall into a sleep, in which he continued for about three hours, starting at intervals, but becoming gradually composed. When he awoke, he had but a very confused idea of what had occurred; recollected something about camphor, and asked "What have I been doing? Have I been making a fool of myself?" &c. There was very little headache or stupor after the opium, but the stomach and bladder were irritable for a few days. These and all other unpleasant symptoms gradually disappeared after the use of a few bottles of Caledonia water. For some days he complained that he could not take his usual glass of wine at dinner, without feeling the effect upon his head; this would probably arise from the action of the camphor on his brain, as well as upon the other organs of the body. He described the sensation while under the influence of the camphor as most exhilarating, but gradually becoming oppressive. From the quantity of camphor taken, I have very little doubt this might have proved a fatal case but for the timely use of the opium; and as wine is recommended in these cases, perhaps the vinum opii is one of the best forms for its administration.—*British American Journal of Medical and Physical Science.*

MEDICAL JURISPRUDENCE.

27. *Policy of Life Insurance vitiated by Concealment of Hernia.—Diagnosis of Hernia.—Medical Evidence.—Medical Ethics.* Ashby and others, Executrix, &c., *v.* Bates.—This was an action against the Argus Insurance Company upon a policy for the sum of 500*l.*, upon the life of Richard Ashby, farmer at Rugbrook, lately deceased. The first plea alleged that it was untrue that he had not rupture or any disease tending to the shortening of life, concluding with a verification; second plea, fraud.

Mr. Whitehurst proceeded to open the case for the defence. The insurance was effected in April, 1844, the deceased being then 63 years of age. Before this could be effected, it was required as usual that three papers should be signed—one by himself, one by his usual medical attendant, and one by a friend, not being a relation or interested in the policy, and that he should be subjected himself to an examination by a medical gentleman named by the officer. Each of these papers contained questions put by the office as to the general state of health of the party, and as to his being, or having at any time been, the subject of any of several enumerated maladies, among which was mentioned rupture, or any other disease or affection tending to shorten life. All these answers distinctly denied the existence of rupture then, or at any time previously, or of any other disease or affection tending to shorten life, and was satisfactory to the office, who then named Dr. Robertson, physician at Northampton, as the gentleman to examine him, who accordingly did so in the manner described in his evidence, and wrote to the office, describing the party as being, to all appearance, hale, hearty, and robust, with a slight tendency to apoplexy, broad shoulders, and rather a short neck, but nothing particular, and stating that he thought it was a life they might take. The policy was then granted, at a premium of 34*l.* The paper signed by the deceased, and dated the 3d of April, 1843, contained these words: "I declare that all that is stated or contained herein is true; and I agree that this declaration shall be the basis of the contract." In May, 1845, the Company were informed that he was dead, and, upon making inquiry, it appeared that he had died of strangulated hernia; and it further resulted that the Company deemed it their duty to resist the payment, and defend this action.

Dr. A. Robertson called.—Has been between twenty and thirty years a physician in this town, and is physician to the infirmary here. At the request of the office, examined the deceased in the month of April, 1843, in the same mode in which he was always used to examine. He described this mode. He began with the head, and proceeded downwards to the heart, lungs, and other viscera, and so on until he came to the lower part of the belly. He then asked them if they had any rupture or anything unusual in those parts, cautioning them most carefully to conceal nothing from him, and warning them that if they did, it would vitiate the policy. If they answered explicitly "No," why then he proceeded no further. The deceased answered, "No, nothing of the sort." If he had told him about his having been to another medical man to consult him about a swelling, of course he should have examined the nature of it. There might be particular circumstances of complication and difficulty in hernia, but, as a general rule, he should say that it was very easily distinguished from anything else.

Cross-examined.—Should say that no careful and well-informed medical man could mistake hernia. Varicocele was a swelling of the veins of the spermatic cord. It did not dilate upon coughing. The test of hernia or rupture was by taking hold of the swelling, and making the patient cough, which caused it to protrude. It had a tendency to protrude. When large, it swelled upon coughing. Did not agree with Sir A. Cooper, if he wrote in his treatise on Inguinal Hernia that "varicocele was more frequently than any other disease mistaken for omental hernia." Hernia, when irreducible, is not always immediately dangerous, but might become so at any hour of any day. Any exertion might produce strangulation. Always told a man with irreducible hernia that his life was in perpetual jeopardy. Swelling of the testes could not be mistaken for it. Where a person died after an operation for hernia, its being of long standing would usually be indicated by the adhesion. Knew that he was blind and paralytic before his death. Thought that it was possible, but not likely, that a person might have hernia come on from taking three strong emetics one after the other. Knew that Mr. Lawrence had written that the action of the respiratory organs, as in vomiting or straining downwards, might produce it. Had never met with it from evacuation, upwards or downwards. Hooping-cough might cause it in infants. Did not know about its being common in cavalry regiments, or that riding on horseback was likely to produce it. It was more frequent with sailors, who never rode at all. Mr. Mash, the house-surgeon of the Infirmary, performed the operation. Any degree of adhesion between the hernia and the sac would indicate that it was of long standing, but there being no adhesion did not show that it was not of long standing.

Dr. Charles Kerr.—Has been a physician at Northampton twenty-three years, and thirty in the profession. Mr. R. Ashby came to him on the 13th of November, 1843, to consult him about a swelling in the lower part of the abdomen. Examined the part with considerable care. The scrotum was very large. Found there was a hernia, and made endeavor to reduce it unsuccessfully, till he thought it imprudent not to desist. Examined him as to his general health, and found it very good. He was full and robust. He told witness that it had been coming for a considerable time. Told him to come again in a fortnight. Made a second examination on the 9th Dec. 1843. Endeavored to reduce it (the hernia), and took considerable pains, but it was quite ineffectual. It was what is commonly called an irreducible hernia. Had no doubt that he mentioned to him that it was rupture or hernia. Saw him in December, 1844, for quite a different disease—neuralgia. Had no doubt whatever, that what he had spoken of was hernia. It was possible that it would be mistaken, as eminent men had mistaken it. Had as perfect a conviction as he ever had in surgical practice that it was a plain case of inguinal hernia. There might be complicated appearances in certain cases. This did not appear to be one of that kind. The swelling was very large, about the size of his two fists, and of a different character to a sac having fluid in it (hydrocele). If a hydrocele were large it would lose the pear shape, otherwise it would be like the shape of a pear with the thick end uppermost; but hernia would never resemble a pear with the thick end downwards.

Cross-examined.—If the hernia contained omentum, which he thought it did, it might get thinner, if he got thinner, by absorption; otherwise, if irreducible, as he had stated, it must have remained undiminished in size until he died. Did not think it likely that the hernia could have escaped the observation of a medical man who was putting him into a bath. Could not say that before his death he had mentioned it to Mr. Helston, who was attending him.

Mr. Coulson then gave similar evidence as to the nature and characters of hernia, as distinct from hydrocele, varicocele, swollen testis, and affection of the spermatic cord.

This being the case for the defendants,

Mr. Humfrey proceeded to address the jury on behalf of the plaintiffs, suggesting that physicians were not so well acquainted as surgeons with the diagnostics of a disease so peculiarly surgical, and contending that the malady was an enlarged testis, which the deceased had from his birth, and that the rupture of which he died came on a very few days only before his death, from the effects of three very strong emetics which he had taken one after the other, administered by a Mr. Smith to relieve his total blindness, or from straining at that time in the one way or the other. The learned counsel also urged the resemblance in appearance of both hydrocele and varicocele to inguinal hernia, as accounting for Dr. Kerr having been mistaken; and then called the following witnesses:—

Mr. W. Norton, farmer, knew the late Mr. R. Ashby for twenty-four years before his death; certified for him when he effected the insurance. Knew that he had a swollen testis. Never knew of his having a rupture.

Mr. Helston is a surgeon, and has been in practice fourteen years. Had attended deceased for many years until within five years ago, when he ceased to attend him for two years. In 1844, gave the certificate for the insurance office. Examined him with reference to the questions put by the insurance company. Discovered an enlargement of the left testis, and a thickening of the spermatic cord. Then examined him in the usual way for hernia, by pressure with the hand and by making him cough violently. Discovered no swelling or enlargement of the ring, which is partly muscular and partly tendinous. Continued the examination until he was perfectly satisfied that he was not then, nor ever had been, the subject of hernia. Witness was concerned for seven or eight medical clubs. Always examined the proposed members of such clubs for hernia. It was an important part of his duty. Irreducible hernia could not have existed, as had been described, in November, 1843, and been so reduced as when witness examined him. He generally went about on a donkey with a saddle. He always was about his business daily. Attended him in November, 1844. From his complaints then, considered at first that it was an apoplectic tendency. He complained of head symptoms, for which he was cupped and leeched, and witness ordered him the warm bath: the usual antiphlogistic treatment. He suffered from piles at this time. Dr. Kerr attended consultations with witness and his partner during the last fortnight before his death. No mention was ever made of hernia by either. He had varicocele, which occasioned the thickening of the spermatic cord. He complained of pain arising from the testis and the spermatic cord about a fortnight before his death. Then examined him, and there was no appearance of hernia. He was incapable of doing anything, and the women of his family attended him, lifted him in and out of bed, and washed and fed him with bread and milk like a child. This was rendered necessary, partly by paralysis and partly by blindness. He consulted Mr. Smith, of Southam, who prescribed three strong emetics, and also some strychnine, all of which he took. The emetics contained a full dose of tartarized antimony. Straining would be calculated to produce hernia. Had witness supposed he had hernia, he would not have suffered him to take what was so prescribed.

Cross-examined.—He died from the consequences of the operation for hernia. Had not seen him for nearly a fortnight before his death in Jan., 1845; did not reduce a rupture which he had (then?) or at any other time. (A letter was then put into his hand, which he said was his handwriting.) He again stated that he had never said that the deceased had had hernia. (The letter was then put in and read. It was addressed to Dr. Robertson, the first witness, and stated that the deceased had had a slight hernia about four months before he died, which he had reduced.) He had complained of varicocele, which he had reduced by manipulation. What he wrote in the letter was the falsehood, not what he said to-day. He called varicocele an enlargement of the veins of the spermatic cord. In April, 1844, saw the suspensory bandage. He had been affected with that ailment from his birth. He had a tendency to apoplexy. He yet thought it right to order warm baths after he had cupped and leeched him, and applied cold lotions to his head. He occasionally suffered from slight rheumatism, for which, before 1841, he invariably attended him. Came into the room perhaps half an hour after the operation. Was not present, because he was unwell, and had been confined to his bed for several days. The operation was performed in the night, earlier than 4 o'clock.

Re-examined by Mr. Humfrey.—The disease under which the deceased had labored had existed from his birth, and he did not think it at all important when he signed the certificate. The letter read was in answer to a letter from Dr. Robertson, which was marked "strictly private," and contained a promise that he might rely that his name would not be given up in any way.

Mr. William H. Walker, partner of the last witness, attended the deceased professionally for about a fortnight before his death. Met Dr. Kerr there many times, in consultation about Mr Ashby's case. Several times assisted in putting him in the bath. Saw no such swelling as has been described. Thought he must have seen it if there had been such. Was fetched about 4 o'clock the day before his death. He complained of having been sick, and of a sudden violent pain and enlargement of the scrotum, as if something had fallen down. Upon that he examined the part. Asked him if he had ever had an attack of that kind before. He said, "Not to my knowledge," but added, that a fortnight previous he had been taken with a violent pain in his bowels, and that Mr. Helston had been sent for, and did something to him; and he soon after became better. He said this particular appearance had happened about an hour previously. He continued very ill, and Mr. Mash was sent for from the Infirmary, and attempted, with his assistance, to reduce the rupture. It was both omentum and intestines. Saw the operation performed by opening the ring with a knife. The cause of strangulation and pain was removed after the operation. He bore the operation very well indeed. Mr. Mash succeeded in returning the whole, but it came down again, though the cause of strangulation was removed. There was no adhesion, and it appeared to witness to be a case of recent date.

Cross-examined.—The deceased told him that the fortnight before Mr. Helston had done something which relieved him, but did not mention the word "operate" or "rupture." It was witness's own conclusion at the time that it might have been for rupture. [This witness here produced a letter which he had received from Dr. Robertson, and which was similar to the one addressed to Mr. Helston, which had happened not to have been brought, and sought information as to the cause of the death. It was marked "private," and gave assurance that the witness might rely that his name would not be given up, or himself brought into any trouble or difficulty. The answer was then called for, produced, and read; and, unlike the answer of the other witness, tallied very accurately with the evidence given by Mr. Helston to-day, as well as that of the present witness.]

Mr. James Mash.—Is resident house-surgeon here, and has been so for twenty years. Performed the operation. Found strangulated hernia. Would not have given strong emetics. Mentioned in the presence of Mr. Harrison, the clergyman, that it was a very bad case, and that he wished to have some other surgeon sent for. There was old age, an enfeebled constitution, deafness, and partial paralysis. There were slight adhesions at the upper part of the sac. If it had been a case of long standing, there would, he thought, have been some changes, which there were not. It might have been the result of a few hours, of a week, of a month or more. There was considerable inflammation, which would produce adhesion. From what he saw, when he performed the operation, and afterwards, there was nothing to induce him to believe that it was as much as fourteen months old Had several times known persons sent to the hospital by respectable surgeons for hernia where there was no hernia at all. Had seen many cases which puzzled him to know hernia from other diseases affecting that part. Upon returning the omentum and intestine, observed that there was an enlargement of the left testis. Had on one occasion himself returned all the omentum and intestine, and afterwards discovered a hydrocele as big as his fist. Enlargement of the testis sometimes accompanies hydrocele.

Cross-examined.—It perhaps might be his first and natural conclusion, if he saw a hernia as large as his two fists come down suddenly, that there had been a former hernia reduced, which had come down again. Supposing that the man had this affection of the testis from his infancy down to 63, he should not have thought it of consequence. If it (the hernia) had come down a fortnight before and been reduced, it might account for the size. With the stricture which he found there could not have been a hernia as large as two fists reduced by being drawn up, or without recourse to the knife.

Mr. William Williams, surgeon.—Cases of hernia may be and have been confounded with hydrocele and varicocele.

Mr. Frederick Cox.—Has been a surgeon for nine years, at Welford. Never heard of an irreducible hernia of the size of two fists being spontaneously cured, or reduced without the knife, except under circumstances of great emaciation.

Mr. Robert Marriott Freeman.—Hydrocele of the sheath might be mistaken for hernia. Was present at the Birmingham Hospital very recently when an operation was performed by an eminent surgeon for what was supposed to be hernia in the passage to the scrotum, which turned out to be a watery swelling or hydrocele, with a swollen testis and thickening of the spermatic cord. He had now a case where he had intended to operate six weeks ago for hydrocele, and the patient afterwards came and declined to have the operation performed, as it was all rapidly going away.

Mr. Charles Dodd and Mr. Marshall concurred with the other medical witnesses for the plaintiff, as to the disease of hydrocele having been sometimes mistaken for hernia by surgeons, and there being, not unfrequently, great difficulty in distinguishing.

All these five last gentlemen concurred almost entirely with the other medical witnesses for the plaintiff as to hydrocele and varicocele being sometimes mistaken for hernia; but they one and all denied ever having operated under such mistake, though they admitted that there was considerable difficulty in distinguishing.

This was the case for the plaintiffs.

Mr. Humfreys, counsel for the plaintiffs, addressed the jury upon the letters, animadverting upon the use that had been made amongst medical gentlemen of confidential letters, written on request, and under such a pledge as had been stated. He contended, however, that the letters, taken together, told strongly in favor of the claim of his clients. After Mr. Justice Coltman had summed up, the jury returned a verdict for the defendants upon the first issue, viz., that the deceased, at the time of effecting the first insurance, had hernia; and for the plaintiffs upon the issue of fraud. The verdict is, therefore, for the defendants, and in favor of the Office.—*London Med. Gazette.*

28. *Trial for an attempt to procure abortion with White Hellebore.*—Norwich Lent Assizes—April, 1846.—Sarah Whisker was charged with administering to Frances Bailey, on the 5th of March last, a small quantity of white hellebore, for the purpose of procuring abortion.

Mr. Bircham appeared for the prosecution, and having stated the facts to the jury, called

Frances Bailey, who stated that she went to the prisoner's house to have her fortune told, and whilst there, the prisoner taxed her with being in the family way, which she admitted, and said she was seven months gone. The prisoner told her to come in the evening, and she would give her something that would do her good, and not prevent her going on with her work. She accordingly went, and the prisoner gave her a liquid and a powder, with instructions how to take them. They were taken accordingly, and the result was, that she became very ill and sick. She left her place, and went to Yarmouth, and in a day or two she became so unwell that she was obliged to have medical advice.

Mr. Burgess, surgeon, of Yarmouth, attended the prosecutrix, and stated the situation in which he found her. She was suffering great prostration of body. The stomach was very hot, the pulse exceedingly low, and the patient evincing a disposition to retch considerably; and on his first seeing her he considered she was in a dangerous state, which induced him, after ascertaining the cause which had produced her illness, to apply to the mayor upon the subject, with the view to have her deposition taken, and the prisoner apprehended.

Mr. Worship, surgeon, of Yarmouth, was examined as to the condition of the prosecutrix, and Mr. Cook, druggist, of Norwich, who deposed to having frequently sold hellebore to the prisoner. The female servant of the prisoner was called, who deposed to having frequently seen young persons at her mistress's house, and that she had frequently been sent by the prisoner to Mr. Cook's to purchase white hellebore, hiora picra, dragon's blood, and turpentine.

At the close of the case for the prosecution, Mr. Prendergast took an objection to the indictment, that the evidence did not sustain the count for administering poison, the testimony of the medical gentlemen not establishing that hellebore was a virulent poison. The learned judge, after much consideration, said he would consult with Mr. Justice Maule upon it; but the indictment evidently *ought to have* contained a count for administering poison or some other *noxious* thing.

On the return of his lordship into court, he expressed a wish to put further questions to Mr. Worship; and on that gentleman being recalled, he further stated that, in his opinion, hellebore was noxious to the system, and produced ill effects, but he knew of no case in which it had produced death; under these circumstances, he was not justified, he thought, *in calling it a poison.*

Mr. Page Scott, surgeon of the Castle, who happened to come into court at this time, was called upon by the judge, and asked some questions by his lordship; and he stated that he was acquainted with hellebore, and in his opinion it was a noxious poison. As a medical man, it was decidedly his opinion that *it belonged to the class of drugs called poisons.*

His lordship then intimated that he should leave the case to the jury.

Mr. Prendergast then addressed the jury for the prisoner; and relied strongly upon the evidence not establishing hellebore as a poison.

His lordship, in summing up, was of opinion, that *that was a poisonous drug which in common parlance was generally understood and taken to be such;* and the evidence for the prosecution he thought was sufficiently strong to bring hellebore within the meaning of the statute.

The jury returned a verdict, "that the prisoner was guilty of administering hellebore with intent to procure abortion."

The judge—Do you find hellebore to be a poison? Foreman—The medical men seem to differ on the point; and therefore we have not considered that question.

The judge—You ought to take the way in which, in common understanding, it would be considered. You had better consider whether it is a poison or not.

The jury almost immediately found that it was a poison, but unknown to the prisoner.

His lordship then had Mr. Cook, the druggist, recalled; who stated that the prisoner had been in the habit of purchasing hellebore at his shop for the last three years. She had purchased from half an ounce to an ounce at a time, and had done so once or twice a week for a considerable time.

A witness was called, who gave the prisoner a good character for being a kindhearted woman.

His lordship then proceeded to pass sentence:—The respectable gentleman, observed the learned judge, who had last given evidence, was not aware, he thought, of the practices of the prisoner. She had been found guilty of a very serious offence, and if in any one of the numerous instances of a similar kind in which she had acted, death had been occasioned, she would most undoubtedly have been tried for wilful and deliberate murder. As the case then stood, he must make an example of her, and pass a severe sentence—as severe as the law would enable him to do; which was, that she be transported beyond the seas for the term of her natural life, as a just reward for one in the catalogue of those numerous offences which too many young women, he feared, if brought forward, would be able to relate.

On this the editor of the *Gazette* remarks—The most curious feature in this case is the discrepancy in the medical evidence upon a point concerning which we should have thought no doubt could have existed in the mind of any professional man. Is white hellebore (*veratrum album*) a poison, or is it not? One witness admitted that it was noxious to the system, and produced ill effects; but as he had known of no case in which it had produced death, he did not think he was justified in calling it a poison! Fortunately for the ends of justice (the words "noxious thing" having apparently been carelessly omitted in drawing up the indictment) another surgeon happened at this time to come into court, who unhesitatingly gave it as his opinion that it belonged to the class of drugs called poisons.

White hellebore owes its activity to veratria, one of the most formidable among poisonous alkaloids. The existence of such an alkaloid in white hellebore, if known to the witness, should have satisfied him that it was a poison. If he did not know that it contained veratria, then he was very unfortunately situated to have so material a question put to him. In a very large number of cases, white hellebore powder has been known to act as a powerful irritant, causing violent vomiting and purging, with great prostration of strength. In most of the instances of poisoning by it hitherto observed in the human subject, the persons have recovered; but in one case quoted by Wilmer, a man took as much of the powdered root as would twice cover the point of a knife, vomited seven or eight times, and died the same evening. The same case is quoted by

Dr. Christison in the last edition of his work. The medical witness might therefore have readily satisfied himself, by referring to an easily accessible work, that he was decidedly mistaken in his opinion:—that, in short, white hellebore was not merely *noxious*, but a powerful *poison*. If it produce abortion, it is only by its strong irritant action on the bowels. In the fatal case above quoted from Wilmer, the œsophagus, stomach, and colon were inflamed. As an additional illustration of its poisonous action, this author relates that twenty grains of the powdered root caused in a dog severe vomiting, purging, and convulsions, followed by death in a quarter of an hour. These facts bear out the views taken by Mr. Page Scott. The prisoner, however, nearly escaped conviction; for even the jury were misled by the difference in the medical opinions, on a question on which no reasonable medical doubt can properly exist. The case furnishes, in this respect, a warning to medical witnesses.—*London Medical Gazette.*

29. *Damages recovered by a Nurse diseased by a Syphilitic Infant.* Assistant-Barrister's Court, Cork, April 3. Before H. Baldwin, Esq., Q. C.—A case of considerable interest to the medical profession, involving this disputed question, came on in this court this day, and was listened to with marked attention by a crowded auditory. It had been previously before the same barrister, but was "dismissed without prejudice," a medical gentleman deposing that the disease was not contagious. It was now brought forward, strengthened by testimony of medical authority, for the purpose of showing that the opinion of that medical witness was fallacious.

The case was stated by Mr. Bryan Galway, who said it was a special action for a sum of £9 4s. 7d. damages by the plaintiff against the defendant, under the following circumstances:—In the month of September, 1844, the plaintiff's wife received a child from the defendant to nurse, at a yearly sum of £4. The child had a sore on its mouth, but no particular attention was paid to it. In a few days the plaintiff's wife became diseased, and she diseased her husband; in fact, all the family became ill. The plaintiff's wife, ascertaining the nature of the disease, returned the child to its parents. The nurse, who was pregnant, was subsequently delivered, and the child then born was also diseased, and in some time after died of it. The disease appeared to fasten on the plaintiff's wife, and to get cured of it she had to go into the hospital of the Cork Union Workhouse. Everything that medical skill could suggest to effect her cure was tried, but ineffectually, for the poor woman is still laboring under the disease. For this injury the action was brought to recover damages.

Evidence was given to prove the contract, and a quack doctor was called to show that he was to get 30s. from the father of the diseased child for the purpose of curing it of the corruptive sores on the body. This fellow called himself a "herbalist"—a cognomen which appeared to sound not altogether agreeably to the barrister, who remarked that if he caught one of them "herbalists" in his criminal court he would know how to deal with him.

The brother of the plaintiff deposed to the good health of the plaintiff and wife previous to getting the child to nurse, and that the child had sores on the mouth, body, and penis.

Dr. O'Connor, physician to the Cork Union Workhouse, was sworn—He said that the plaintiff's wife was six weeks under his care, laboring under syphilis in a secondary degree; a child would convey the disease to the nurse; there was no doubt of that: a child might be born apparently free from that disease, and subsequently break out and communicate it.

Court—Is that opinion general?

Witness—That is the opinion of Sir Astley Cooper, Mr. Colles of Dublin, and the most eminent of the faculty.

Court—Is there any dispute about that now?

Witness—None whatever.

Court—Have you read the treatise of Ricord, the eminent French physician, on that subject?

Witness—I have not. I have read a review of the work, and though Ricord laid it down that secondary symptoms could not communicate the disease in a primary form, he never held that the secondary disease was not contagious in a similar degree.

Court—Have you seen the child?

Witness—No; the mother only, and she is not well yet.

Dr. Christopher Bull, surgeon to the Cork South Infirmary, deposed that he had seen the plaintiff's wife about a week since; she was then laboring under the disease in a secondary form; he had met numerous cases where the disease had been communicated by children to nurses.

Dr. T. M. Ahern sworn—He had attended plaintiff and wife previous to September, 1844; they were in good health and free from disease; saw the child alluded to; it was diseased; plaintiff and wife became diseased, and are so still.

To the Court—Had no hesitation in stating that it was the child which communicated the disease to plaintiff's wife, for this reason, that her breasts were affected, while every other portion of her body indicated no disease.

Mr. Scannell then raised a legal question as to the guilty knowledge of the defendant in giving the diseased child to nurse, contending it was necessary to prove that before the action could be sustained.

To meet this, the court inquired of the medical gentleman whether it were possible that the mother of the child was not aware of the disease.

Dr. Bull replied that it might, but the chances were that she knew it. He himself had observed the disease one hundred times in nurses who got foundlings to nurse, and they were astonished when they ascertained the nature of the disease. It was of an insidious character, and lurking in the system. He had also seen cases of secondary where there had been no primary disease observed.

Court—How was the child affected?

Dr. Ahern—Both secondary and primary.

Court—How was the plaintiff's wife affected?

Dr. Ahern—In a secondary form.

Dr. Bull—That is invariably the case when the disease is communicated by a child to a nurse.

Court—As there is some difficulty in the case, I shall take time to consider it. If I grant a decree it shall be for the whole amount, as I look on these poor people to have been injured for life.—*Dublin Medical Press.*

MISCELLANEA.

30. *Dr. Forbes and Homœopathy—Explanation.*—We offer no apology for inserting in full, the following article from the last number of the *British and Foreign Medical Review*, by its able editor, Dr. Forbes. The original article of Dr. Forbes, entitled "Homœopathy, Allopathy, &c. &c.," to which this is a supplement, having been republished, and created some sensation in this country, and given rise to severe animadversion against the author, whose views and objects would appear to have been misinterpreted, we conceive it to be only an act of justice to contribute to give publicity to the present "explanation." We doubt not but that our readers will be as much gratified as ourselves, at finding that so deservedly distinguished an author as Dr. Forbes has been grossly misrepresented, when he has been made to appear as a favorer of, and convert to the absurdities of homœopathy. It will be seen by the

present article, that "it never was intended to be conveyed as his opinion that the homœopathic treatment was valuable in itself, or that the system of rational eclectic medicine, advocated by him, could derive any direct benefit from homœopathy, by the adoption of any part of its so called medicinal therapeutics." [*Ed. ad int. N. Y. Journal.*]

"The article in the last number of this Journal [*British and Foreign Medical Review*] entitled 'Homœopathy, Allopathy, &c.,' as was, perhaps, to be expected from its subject and object, has attracted a more than ordinary degree of attention from the profession. The editor has, in consequence, been favored with numerous communications relating to it from his friends in all parts of this country, as well as from the continent of Europe, and from America. The views of the writers are, on the whole, in remarkable accordance with those given in the article; and the opinion is generally and strongly expressed, that some such changes in the manner of studying and treating diseases as are there propounded, are absolutely necessary for the successful progress of rational medicine. So convinced is the editor (the author of the article in question) of the truth and importance of this subject generally, that he now offers to open the pages of his Journal for its special consideration, if it shall be found that the warm interest at present excited by it, proves to be deep and strong enough to supply materials for its continuous elucidation and advancement. This is doubted. Still it has been thought advisable to evince practically and without delay, the earnestness with which the subject has been taken up and is sought to be promoted by the editor. From among the numerous contributions with which he has been already favored, two have, with the sanction of their authors, been selected for publication in the present number. Whether these shall be followed by others, in subsequent numbers, will, as just stated, depend on the inclination of the profession. It will afford the editor much satisfaction to be able to present to his readers any authentic communications of the same high stamp and admirable tendency as those now submitted to their notice.

"Before concluding this prefatory notice, the author of the article on Homœopathy and Allopathy desires to make a few brief observations in reference to one or two points in it, on which he finds he has been somewhat misunderstood. The misconception is admitted by him to be natural on the part of his readers, in consequence of the necessity under which he found himself, for want both of room and time, of leaving all the latter part of the article a mere sketch or outline. Had he completed the whole subject on the same scale as was allowed to the exposition of the character and fallacies of homœopathy, he believes that he would have left no grounds for the friendly criticisms and gentle remonstrances which some of his very estimable and enlightened correspondents have addressed to him. Most assuredly, in this case, he would have run no risk of being set down—as he finds he has been set down by a few of his more careless readers—as favoring homœopathy; as denouncing rational therapeutics on the old system; as sceptical of the powers of all medicines; and as desirous of having diseases generally abandoned to the influences of Nature.

"With regard to the charge of favoring homœopathy, it is submitted that it is the first duty of the historian to give an impartial narrative of events and a fair exposition of doctrines, without prejudice or affection. This, it is believed, was done. And if full credit was given by the author of the article to the statements in the documents submitted to his consideration, and full justice rendered to the characters of the individuals concerned, this was done—simply because it was felt to be just and right so to do. The writer might be mistaken in the estimate he formed of the value of the premises, but having conscientiously formed that estimate, its expression was a matter of course. The obligation of candor, imposed on all inquirers, was the more imperative in the present case, inasmuch as the writer felt that he stood in the position of a declared antagonist. And he knew, moreover, that anything approaching to unfairness could, in the end, only tend to injure its author and the cause he advocated. The writer was, indeed, too profoundly impressed with the reality and value of the ordinary system of medicine (miscalled in the article *allopathy*, to avoid circumlocution) to entertain any fears from conceding to homœopathy everything which it could possibly claim of right. And he cannot help indulging the belief that the arguments adduced against the validity of its doctrines will be found to be more efficacious than many previously urged, simply because more candor has been shown in examining these doctrines, and more justice done to the characters of the men who have originated and professed them.

"Probably the statement in an early part of the article, to the effect that, 'homœopathy might be the remote, if not the immediate cause, of more important fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself,' made an impression on some readers who did not attend to the qualifications afterwards given. The 'fundamental changes' alluded to had exclusive reference to the indirect or negative operation of homœopathic practice, in furnishing us with 'the means of instituting a grand natural experiment in therapeutics,' by leaving diseases really to nature, though nominally to medicinal treatment. And it is a profound conviction of the great importance of the knowledge to be thus obtained, which makes the writer now reiterate the statement, as well as another in a subsequent part of the article to the same effect viz., 'that the doctrine of Hahnemann will have [*thus*] conferred an inestimable benefit on the healing art.' It never was intended to be conveyed as the opinion of the author, that the homœopathic treatment was valuable in itself, or that the system of rational eclectic medicine advocated by him, could derive any direct benefit from homœopathy by the adoption of any part of its so-called medicinal therapeutics.

"But, the writer thinks, moreover, that the declaration of his opinions, in more than one part of his paper, was sufficiently positive, clear, and forcible, to secure him from the charge of favoring homœopathy in any way, or of over-estimating it at the expense of rational medicine. For instance, having in the course of the investigation come to the conclusion that homœopathy is to be utterly rejected and the old faith still adhered to, he added: 'In doing so, we consider, that though we are embracing a system extremely imperfect, we are, at least, embracing one which, with all its faults, contains a considerable amount of truth, and yet a greater amount of good; and which, above all, is, or may be made, in its exercise, consonant with the principles of science, and is capable of indefinite improvement; while, *in rejecting homœopathy, we consider that we are discarding what is, at once, false and bad—useless to the sufferer and degrading to the physician.*' (p 250.) And again: 'It may possibly be inferred that we are entirely sceptical of the truth of medicine as a science, and think most meanly of it as a practical art. And yet this is not so. On the contrary, we look upon medicine, regarded in all its parts and all its bearings, as a noble and glorious profession, even in its present most imperfect state; and we believe it destined to become as truly grand and glorious in actual performance, as it now is in its essence, its aims, and its aspirations.' (p. 259.)

"A more specific charge has been made against the author for admitting, without sufficient corroborative evidence from other quarters, the validity of the results given in Dr. Fleischmann's Report. He anticipated this charge, and endeavored to guard himself, in some degree, against it, by stating that while he allowed Dr. Fleischmann to be a man of honor and respectability, and incapable of attesting a falsehood, he could only admit his statements 'with that liberal subtraction from the favorable side of the equation, which is required in the case of all statements made by the disciples and advocates of new doctrines.' (p. 242.) The 'subtraction' necessary in every individual case, assuming the narrators to be honest, will depend on many circumstances, both personal and relative. The author was and is disposed to make it very ample in the present case—so ample he believes, as would deprive Dr. Fleischmann and homœopathy of all the glory they have derived from this flattering record. Nevertheless, he here repeats the assertion that, 'even after this rectification, enough remains to justify the inference that these tables substantiate the momentous fact, that all our ordinary curable diseases are cured [*i. e.* get well] in a fair proportion, under the homœopathic method of treatment.' (p. 242.) The expression 'fair proportion' is very indefinite, and therefore improper; it was meant to have reference to the results obtained under the *more general or common* modes of treatment pursued by practitioners, and which it was one main object of the article to denounce. It never was stated, nor was it in any degree believed, that the results obtainable and obtained under homœopathic treatment were equally favorable with those obtainable and obtained under an *improved system* of eclectic treatment, which, it was admitted, was now practised by many, and the more general extension of which among practitioners it was the great aim of the paper to promote.

"The writer of the article, however, may now state that, since the publication of this paper, he has received from one of our most distinguished clinical physicians a corroboration of a part of Dr. Fleischmann's report which has been regarded with much scepticism. This gentleman reports that he has over and over again proved the complete curability of *pneumonia* when left to the powers of nature, in cases under his own immediate observation. These cases occurred in persons who had come into the hospital in so advanced a stage of the disease, and with symptoms so favorable, as not only to justify but to render imperative the propriety of not subjecting them to any formal treatment. And the result, as stated, was perfect recovery.

"In dwelling so long, and expressing himself so strongly, on the curative powers of nature, the design of the author of the article was to remove all rational doubt of the capacity of the *vis medicatrix* to effect all that was effected under the imaginary influence of homœopathy. And he had, also, the great collateral object in view, of doing his best to stay the plagues of polypharmacy, medical heroism, and many other kinds of *hurtful* interference with the progress of disease, which he believed and believes to be widely diffused in practice, and which loudly demand the attention of all who wish well to the best interests of the medical profession and the public. And he still thinks that, with so legitimate a purpose, he made no statements that are not only justifiable but imperiously called for. Nothing, however, could be further from his intention than to advocate the leaving of diseases to nature, as a general rule, or as a rule at all; or to deny the great value and efficacy of remedies, whether drugs or other means, in the treatment of many of them. The whole of his argument and invective was against the *abuse*, not the rational and legitimate use of medicines and medical treatment. So far from wishing all diseases left entirely to nature, the author of the article has the strongest conviction that none ought to be so left; and that there is not a single case, whatever be its nature, and whether curable or not, that will not be benefited, more or less, by the careful superintendence of the scientific physician. For a man thoroughly acquainted with diseases in all their relations there will always be enough to do in regulating, as far as practicable, the manifold circumstances and conditions amid which the sick are placed, even if the individual case should require little or no medicine in the form of drugs. It is a most mean and circumscribed view of therapeutics, to regard it as almost identical with the use of drugs. So far is this from being the case, that it may almost be said to be the perfection of medical treatment to cure diseases without drugs, or with the smallest possible amount of drugs; as it is now allowed to be the perfection of surgery, not to perform operations but to do away with their necessity. And yet what an almost boundless variety of things, exclusively of drugs, call for the notice, and attention, and consideration, and discrimination, and appreciation of the man who is held responsible for the proper management of a severe disease, whether acute or chronic? It would, indeed, be strange if a task like this were either facile or of slight importance; that it could be safely entrusted to any one not deeply versed in all the better parts of medical science; or that its well or ill performance were a matter of indifference to the patient.

"But it never was imagined, much less contended for by the author of the article, that the treatment of diseases should or could be exclusively left, in all cases, or even in any considerable proportion of cases, to this hygienic or non-medicinal system of management; or that we are not possessed of many drugs of the noblest powers, and of known and unquestioned efficacy in the mitigation and cure of many diseases. To do this would be, in the first place, wilfully to reject evidence of the most positive kind; and, in the second place, wilfully to encounter disease with only one-half our stock of arms and ammunition. And it would seem hardly less irrational for a physician of any experience to deny the efficacy of such general means as venesection, emetics, purgatives, or the individual power of such drugs as opium, mercury, iodine, quinine, iron, colchicum, &c., in controlling diseases, than for the soldier to denounce as useless the very weapons which had often enabled him to vanquish and overcome. Here, as in the former case, the writer's anathemas were directed against the abuse or improper use of the medicines, not against their proper use. In making this explanation, however, he must still avow his belief that of a very large proportion of the drugs in common use we are entirely ignorant of the action, or whether they have any action or not; that many are certainly useless and others injurious; that of the number which possess undoubted powers in modifying the condition of the animal body, in health and disease, we have yet to learn the exact mode of action, and the amount of remedial efficacy; and that in the administration of our very best medicaments we are absurdly profuse, and thus, not seldom, convert into an evil what nature intended for, and science was capable of applying as a blessing."

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31. *The Asiatic Cholera.*—We extract from the *London Medical Gazette* the following remarks on the subject of the cholera, which it appears by the last accounts has again made its appearance in Europe:—

"In a late number we stated the Asiatic cholera had spread through several provinces of Persia, and had given rise to great mortality in some of the principal towns. It is reported to have extended from Bokhara across the Persian frontier to Herat and Meshid, thence south of the Caspian to Teheran, and still further south to Ispahan. Accounts from Odessa state that it has crossed the Russian boundary, and has appeared at Tiflis, taking a course northward between the Caspian and Black seas: while, according to the latest intelligence from Riga, it has broken out at Orenburg in the Uralian mining district, crossed the Volga, and appeared on the European side at Kasan, about 1200 miles from St. Petersburgh. If these accounts are to be trusted, the disease has taken a somewhat irregular course, in a direction west by north; and it does not appear to have followed the banks of great rivers as in the former irruption of 1828–30. The disease, which reached England in 1831, prevailed in Persia for seven years from 1823 to 1830. It appeared in Orenburg for the first time in 1823; and was confined to this quarter for a period of five years. It reappeared at Orenburg in 1829, and its prevalence and fatality in this province were so great, that upwards of one-tenth part of the inhabitants were seized with it, and one-fourth of those who were attacked, died. It reached St. Petersburgh in July, 1831, and England on the 26th October of that year. At Tiflis, where it is again reported to have broken out, the mortality from the former epidemic was so great, that three-fourths of those who were attacked, perished. We shall take care to report any further information which may reach us respecting the progress of the malady."

32. *Statistics of the Paris Hospitals.*—The number of patients under treatment in the hospitals of Paris, during the twelve months of 1845, varied from 11,261 the minimum (November) to 12,576 the maximum (March). In the Hospices, or infirmaries, the number of patients varied from 11,417 (August) to 11,643 (December). The sick patients therefore in these establishments amounted in the year to about 23,000. The total number of admissions, in 1845, amounted to 88,814, and the number discharged was 79,402. The total number of deaths in these establishments amounted to 9,666—*i.e.*, 6,875 in the hospitals, and 2,791 in the infirmaries. The greatest mortality in the hospitals occurred in the January quarter (1,958), and the least in the July quarter (1,516).—*Medical Gazette.*

33. *Progress of Science.* The *Provincial Medical and Surgical Journal* says, that Professor Dieffenbach of Berlin, designates the plastic operation for the cure of lacrymal fistula by the unpronounceable name of:—DACRYOCYSTOSYRINGOKATAKLEISIS!

34 *Curiosities of Medical Literature.*—We copy the following specimens of old medical literature from the *Provincial Med. and Surg. Journal*:—

PHYSICIAN TO HERIOT'S HOSPITAL.

The following is the original statute referring to this office. "*De Electione et Officio Medici Pharmacopoiæ et Tonsoris seu Chirurgi*:—Thair sal be appoynted one doctor of phisick, who, for visiting and luiking to all the seik in the hospitall, sall receave yeirlie from the thesaurer * * * * * One apothecarie, who sall be payed for all his billis of droggis, if they be subscryved with the doctor of phisickis hand. One chirurgiane barbour, who sall cut and pole the hair of all the scholleris in the hospitall, as also luik to the cure of all these within the hospitall who in any way sall sand in neid of his airt, and sall receave for his wages yeirlie * * *."—*Steven's Memoir of George Heriot*:—*Monthly Journal of Medical Science.*

EDINBURGH SURGEONS PRIOR TO THE SIXTEENTH CENTURY.

Prior to the commencement of the sixteenth century, the qualifications required in him who practises as a surgeon in Edinburgh were, that he should be able "to wryte and reid, and to knaw anatomie, nature and complexion of everie member of the humanis bodie, and likewise to knaw all the vaynes of the saymn, and that he may mak flewbothemea in dew time," together with a "complete knawledge of shaving beards and cutting hair."—*London Medical Gazette.*

MEDICAL CERTIFICATE PRIOR TO 1815.

The following is a literal copy of a medical certificate upon which a patient was admitted into a Lunatic Asylum. It was brought before a committee of the House of Commons, in 1815. I give it as an example of Esculapian literature of that period. "Hey Broodway A Potecary of Gillingham Certefy that Mr. Js Burt Misfortin hapened by a plow in the Hed which is the ocaisim of his Ellness and by the Rising and Falling of the Blood And I think a Blister and Bleeding and Meddeson Will be a very Great thing But Mr. Jame Burt wold not A Gree to be don at Home
March 24, 1809. Hey Broodway."
—*Dr. Winslow's Edition of the Lunatics' Act.*

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Art. XVII.—The Mineral Springs of Western Virginia, with remarks on their use, and the diseases to which they are applicable. Second Edition; revised, corrected and enlarged, etc. By William Burke. New York: Wiley & Putnam. 1846. 18mo., pp. 394.- - - - - - - - *ib.*

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Art. XIX.—An Introduction to Entomology, or Elements of the Natural History of Insects, comprising an account of Noxious and Useful Insects, of their Metamorphoses, Food, Stratagems, Habitations, Societies, Motions, Noises, Hibernation, Instinct, etc., etc. With Plates. By W. Kirby, F. R. S., and Wm. Spence, F. R. S. From the 6th London Edition, Philadelphia: Lea & Blanchard, 1846. 8vo., pp. 600. - - 256

Art. XX.—Animal Magnetism, or Psychodunamy. By Theodore Leger, Doctor of the Medical Faculty of Paris, etc. New York: D. Appleton. 12mo., pp. 402. - - - - - *ib.*

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TO READERS AND CORRESPONDENTS.

Professor Koeppen's history of the Mineral Waters of Greece will appear in our next number; also, papers by Drs. Carr, of Canandaigua; Williams, of Deerfield; Fahnestocke, of Lancaster; Batchelder, Purple, Ludlow, and Moses, of this city; Monell, of Newburgh; Ayres, of Brooklyn, etc. We have made arrangements for receiving full reports of the interesting Surgical cases occurring in the Mexican battles of Palo Alto and Resaca de las Palmas, the publication of which we hope to commence in our next.

We have procured, through the politeness of the Surgeon General U. S. A., and the Chief of the Bureau of Medicine and Surgery, U. S. N. a complete list of the Medical Corps of the Army and Navy, which we publish in our present number.

We have received the following works since our last:

A Treatise on the Motive Powers which produce the circulation of the blood. By Emma Willard. Wiley & Putnam. 12mo., pp. 170. New York, 1846. (From the Publishers.)

Results of Hydropathy, etc. By Edward Johnson, M. D. New York, Wiley & Putnam. 12mo., pp 181. 1846. (From the Publishers.)

The Mineral Springs of Western Virginia, with remarks on their use, and the Diseases to which they are applicable. 2d Edition, revised, corrected, and enlarged, etc. By William Burke. New York, Wiley & Putnam. 18mo., pp. 394. 1846. (From the Publishers.)

Proceedings of the Ohio Medical Convention, held at Columbus, May 12th, 1846. 8vo., pp. 51. (From Dr. Haward, to be noticed in our next.)

Catalogue of Works in all branches of Medicine and Surgery, including the Collateral Sciences. Barrington & Haswell, Philadelphia. pp. 36. 1846. (From the Publishers.)

Responses on the use of Tobacco. By the Rev. B. J. Lane, author of the Mysteries of Tobacco. New York, Wiley & Putnam. 12mo., pp. 156. 1846. (From the Publishers.)

Address before the New York Homœopathic Physician's Society, Dec. 3d, 1845. By B. F. Joslin, M. D., President. 8vo. pp. 4. 1846. (From the Author.)

Thirty-fifth Circular of Castleton Medical College. 1846. 8vo., pp. 15. (From Dr. Goldsmith.)

Catalogue of the Trustees, Faculty, and Students, of the Med. College of the State of South Carolina, Charleston. 8vo., pp. 12. 1846. (From Dr. Frost.)

Catalogue of the Trustees, Officers and Students, of Indiana Medical College; session, 1845--6. Chicago. 8vo. pp. 12. 1846.

Fiftieth Circular of the New Hampshire Medical Institution, Dartmouth College, Hanover, N. H., May, 1846. 12mo., pp. 11.

An Essay on the Pathology and Treatment of Trismus Nascentium. By J. M. Sims, M. D. (From the Author.)

Annals of the Lyceum of Natural History of New York; Nos. 6 and 7. 1846. 8vo., pp. 354. (From the Society.)

Annual Circular of the Medical Institution of Geneva College. 1846. pp. 10.

Digest of the Acts of Assembly, relative to the Board of Health, of the city of Philadelphia, with the Rules of the Board. 1846. 8vo., pp. 970. (From Dr. Warrinton.)

Miss Beecher's Domestic Receipt Book. New York, Harpers. 12mo., pp. 293.

The Connection of the Physical Sciences. By Mary Somerville. New York, Harper & Brothers. 1846. 12mo., pp. 460.

We have also received the usual Medical Periodicals in exchange.

LIST OF THE OFFICERS OF THE MEDICAL STAFF OF THE ARMY,

With their present sations, Sept. 1st, 1846.

SURGEON GENERAL.—1.

THOMAS LAWSON,	City of Washington.

SURGEONS.—20.

THOMAS G. MOWER,	New York, N. Y.
B. F. Harney,	Baton Rouge Barracks, La.
W. V. Wheaton,	Jefferson Barracks, Mo.
Lyman Foot,	Under orders for San Antonio de Bexar, Texas.
C. A. Finley,	Fort Monroe, Va.
P. A. Craig,	Army of Occupation.
R. S. Satterlee,	Fort Adams, R. I.
S. G. I. De Camp,	En route with Gen. Kearney's command to Santa Fé.
H. S. Hawkins,	General Hospital, St. Joseph's Island, Texas.
R. C. Wood,	Army of Occupation.
H. A. Stennecke,	Fort McHenry, Md.
W. L. Wharton,	New Orleans Barracks, La.
C. S. Tripler,	En route with 1st battalion, 2d Infantry, to Point Isabel, Texas.
H. L. Heiskell,	City of Washington, Surgeon General's office.
Charles McDougall,	West Point, N. Y.
Burton Randall,	Fort Gibson, Arkansas.
Nathan S. Jarvis,	Army of Occupation.
A. N. McLaren,	Fort Moultrie, South Carolina.
George F. Turner,	Fort Snelling, Iowa.
J. J. B. Wright,	Army of Occupation.

ASSISTANT SURGEONS.—50.

JAMES H. SARGENT,	On leave of absence.
Sylvester Day,	Alleghany Arsenal, Pennsylvania.
Joseph Eaton,	Fort Hamilton, N. Y.
J. P. Russell,	Fort Columbus, N. Y.
Benjamin King,	Philadelphia, Pennsylvania,
Lawrence Sprague,	Ordered to Fort Columbus, N. Y., with 2d battalion, 2d infantry.
Joel Martin,	En route to Fort Mackinac, Michigan.
John B. Porter,	Army of Occupation.
Thomas Henderson,	Ordered to Fort Columbus, N. Y., with 2d battalion, 2d infantry.
John B. Wells,	Army of Occupation.
John M. Cuyler,	Oglethorpe Barracks, Savannah, Ga.
Madison Mills,	Army of Occupation.
William Hammond,	St. Louis, Mo.
Joseph H. Bailey,	Fort Smith, Ark.
L. C. McPhail,	Army of Occupation.
S. P. Moore,	On leave of absence.
A. F. Suter,	Under orders for New Orleans Barracks, La.
C. M. Hitchcock,	En route with Capt. Washington's Co. Light Artillery to San Antonio de Bexar.
B. M. Byrne,	Army of Occupation.
E. H. Abadie,	Fort Pickens, West Florida.
Robert Southgate,	West Point, N. Y.
Charles McCormick,	City of Washington.
Charles H. Lamb,	Army of Occupation.
Josiah Simpson,	Fort Towson, Ark.
W. J. Sloane,	Forts Pike and Wood, La.
W. S. King,	Fort Leavenworth, Mo.
James R. Conrad,	Army of Occupation.
John Byrne,	Fort Mackinac, Michigan.

D. C. De Leon,	Army of Occupation:
Joseph Walker,	Fort Scott, Mo.
J. W. Russel,	On sick leave.
H. H. Steiner,	Fort Brooke, Tampa Bay, Florida.
John C. Glen,	Army of Occupation.
James Simons,	Army of Occupation.
T. C. Madison,	Army of Occupation.
A. W. Kennedy,	Army of Occupation.
Joseph K. Barnes,	Army of Occupation.
L. H. Holden,	Ordered to New York for further orders.
John S. Griffin,	En route with Gen. Kearney's command to Santa Fé.
Richard F. Simpson,	En route with Gen. Kearney's command to Santa Fé.
W. E. Fullwood,	Fort Washita, Ark.
Richard H. Coolidge,	Fort Gibson, Ark.
Robert S. Holmes,	Jefferson Barracks, Mo.
William Levely,	Austin, Texas.
Alex. S. Wotherspoon,	Army of Occupation.
C. C Keaney,	En route with 1st battalion, 2d infantry, to Point Isabel, Texas.
William Roberts,	Army of Occupation.
Grayson M. Prevost,	Army of Occupation.
Robert Murray,	On duty with 2d battalion, 2d infantry, under orders for Point Isabel.
J. Frazier Head,	Ordered to repair to New York for further orders.

LIST OF THE APPOINTMENTS TO THE MEDICAL STAFF OF THE ARMY,

Within the last twelve months.

William Roberts, of Georgia, to be Assistant Surgeon, 31st December, 1845.
Grayson M. Provost, of Pa., to be Assistant Surgeon, 31st December, 1845.
Robert Murray, of Maryland, to be Assistant Surgeon, June 29, 1846.
J. Frazier Head, of Massachusetts, to be Assistant Surgeon, August 6, 1846.

In addition to the above list, with which we have been politely favored by the Surgeon General U. S. A., we copy the following appointments which have been made during the present year, to August 12th, 1846, under the act supplemental to an act entitled, " An act providing for the existing war between the United States and Mexico," approved June 18, 1846. Of course their office expires at the conclusion of the war.—[*Ed.*]

SURGEONS.—21.

William Tevitt, of Ohio.
Benjamin Stone, of Ohio.
Edward B. Price, Illinois.
James Mahan, Illinois.
Robert F. Richardson, Illinois.
Wm. M. Quinn, Illinois.
Seymour Halsey, Mississippi.
Paul F. Eve, Georgia.*
Alexander Hensley, Kentucky.
Thomas L. Caldwell, Kentucky.
Caleb V. Jones, Indiana.
Daniel S. Lane, Indiana.
James S. Athore, Indiana.
E. K. Chamberlain, Ohio.
A. Parker, of Texas.
George Penn, of Missouri.
George Johnson of Missouri.
Daniel McPhail, of Tennessee.
Ewing H. Roane, of Arkansas.
Gideon M. Alsup, of Tennessee.
Abram S. Hill, of Georgia.

ASSISTANT SURGEONS.—24.

Robert McNeal, Ohio.
P. H. Mulvaney, Ohio.
Wm. B. Herrick, Illinois.
Daniel Turney, Illinois.*
Washington J. Gibbs, Illinois.
Henry Bagg, Illinois.
John Thompson, Mississippi.
Alexander Blanson, Kentucky.
John J. Matthews, Kentucky.
James B. Israel, Kentucky.
Wm. Fisdick, Indiana.
John F. Walker, Indiana.
John G. Dunn, Indiana.
A. E. Heighway, Ohio.
John J. B. Hoxey, Georgia.
Richard H. Stevens, of Missouri.
E. Tucker, of Texas.
Thomas M. Morton, of Missouri.
William D. Dorris, of Tennessee.
Richard A. Ashe, of Texas.
John W. Glenn, of Arkansas.
John W. Stout, of Tennessee.
J. M. Dove, of the Dist. of Columbia.
John M. Leech, of Illinois.

* Declined.

LIST OF THE MEDICAL OFFICERS OF THE UNITED STATES NAVY,

Together with the duty and station of each, August, 1846.

SURGEONS.	DUTY OR STATION.
Thomas Harris,	Chief of Bureau of Medicine and Surgery.
Jonathan Cowdrey,	Rendezvous, Norfolk, Va.
W. P. C. Barton,	Waiting orders.
William Turk,	Waiting orders.
John A. Kearney,	Navy Yard, Philadelphia.
Bailey Washington,	Waiting orders.
William Swift,	Rendezvous, New Bedford, Massachusetts.
Thomas B. Salter,	Rendezvous, Boston.
Peter Christie,	Steamer Michigan, Lake Erie.
Samuel Jackson,	Waiting orders.
Thos. Williamson,	Naval Hospital, near Norfolk, Virginia.
Benajah Ticknor,	U. S. Ship Columbus, East Indies.
James Cormick,	Waiting orders.
Charles Chase,	Frigate Savannah, Gulf of Mexico.
D. S. Edwards,	Waiting orders.
Isaac Hulse,	Naval Hospital, Pensacola.
John S. Wiley,	On furlough.
George Terrill,	On furlough.
Edmund L. Du Barry,	Marine Barracks, Washington, D. C.
Waters Smith,	Frigate Cumberland, Gulf of Mexico.
B. F. Bache,	Naval Asylum, Philadelphia.
Thomas Dillard,	Frigate United States, Coast of Africa.
Stephen Rapalje,	Navy Yard, New York.
James M. Greene,	Waiting orders.
Benjamin R. Tinslar,	Frigate Columbia, Brazil.
George W. Codwise,	Waiting orders.
G. R. B. Horner,	Rendezvous, Philadelphia.
W. S. W. Ruschenberger,	Naval Hospital, New York.
William Johnson,	Navy Yard, Boston.
Samuel Moselay,	Frigate Congress, Pacific.
Robert J. Dodd,	Frigate Potomac, Gulf of Mexico.
Wm. F. Patton,	Leave of absence.
John F. Brooke,	Receiving Ship Ohio, Boston.
William Whelan,	Hospital, Chelsea, Massachusetts.
Samuel Barrington,	Sloop John Adams, Gulf of Mexico.
Thos. L. Smith,	Waiting orders.
George Blacknell,	Navy Yard, Norfolk.
H. N. Glentworth,	Navy Yard, Portsmouth, N. H.
Lewis B. Hunter,	Waiting orders.
John C. Spencer,	Navy Yard, Pensacola.
George Clymer,	Navy Yard, Washington, D. C.
I. Brinckerhoff,	Sloop Marion, Africa.
Wm. Maxwell Wood,	Leave of absence.
J. Vaughan Smith,	Waiting orders.
Jones W. Plummer,	Receiving Ship Pennsylvania, Norfolk, Va.
George B. McKnight,	Waiting orders.
Solomon Sharp,	Waiting orders.
Daniel Egbert,	Sloop Preble, Boston, bound for Pacific.
Amos G. Cambrill,	Waiting orders.
Spottswood, W. A. W.,	Waiting orders.
Jonathan M. Foltz,	Frigate Raritan, Pensacola, Gulf of Mexico.
Samuel C. Lawrason,	Rendezvous, New York.
Edward Gilchrist,	Sloop Levant, Pacific.
John A. Lockwood,	Naval School, Annapolis.
Daniel C. McLeod,	Frigate Constitution, East Indies.
Lewis W. Minor,	Steamer Mississippi, Gulf of Mexico.
Wm. J. Powell,	Sloop Warren, Pacific.
J. F. Sickels,	U. S. Ship Independence, bound for Pacific.
N. C. Barrabino,	Receiving Ship North Carolina, New York.
Henry S. Reynolds,	Waiting orders.
M. G. Delaney,	Sloop Saratoga, Brazil.
Wm. F. McClenahan,	Sloop Plymouth, Brazil.
William L. Van Horn,	Waiting orders.
Daniel S. Green,	Sloop Dale, Pacific.
James C. Palmer,	Sloop St. Mary's, Gulf of Mexico.
Ninian Pinkney,	Receiving Ship Ontario, Baltimore.
Robert T. Barry,	Waiting orders.
Charles A. Hassler,	Sloop Falmouth, Gulf of Mexico.
David Harlan,	Steamer Princeton, Gulf of Mexico.

PASSED ASSISTANT SURGEONS.

J. B. Elliot,	Leave of absence, sick.
Robert Woodworth,	Bureau of Medicine and Surgery.
J. Dickinson Miller,	Naval Asylum, Philadelphia.
John L. Fox,	Hospital, Chelsea.
Chas. B. F. Guilloū,	Sloop Vincennes, East Indies.
Augustus J. Bowie,	U. S. Ship Columbus, East Indies.
Joseph Beale,	Brig Boxer.
Wilson S. Kellogg,	Store Ship Relief, Gulf of Mexico.
John T. Mason,	Brig Dolphin, Coast of Africa.
Charles D. Maxwell,	Sloop Cyane, Pacific.
Edward J. Rutter,	Surveying Schooner Washington.
John J. Abernethy,	Store Ship Lexington, Pacific.
Jas. Malcolm Smith,	Sick.
George Mansby,	Brig Porpoise, Gulf of Mexico.
Chas. J. Bates,	Receiving Ship North Carolina, New York.
J. Winthrop Taylor,	Sloop John Adams.
James McMinor,	Hospital, Brooklyn, New York.
Silas Holmes,	Hospital, Brooklyn, New York.
J. Howard Smith,	Steamer Princeton, Gulf of Mexico.
Wm. B. Sinclair,	Hospital, Norfolk, Virginia.
James J. Brownlee,	Brig Perry.
John S. Whittle,	Frigate Congress, Pacific.
Stephen A. McCreery,	Brig Lawrence, Gulf of Mexico.
James McClelland,	Brig Bainbridge, Brazil.
J. O'C. Barclay,	Frigate Columbia, Brazil.
James B. Gould,	Sloop Marion, Coast of Africa.
Charles H. Wheelwright,	Hospital, Pensacola, Florida.
William A. Nelson,	Waiting orders.
John H. Wright,	Brig Somers, Gulf of Mexico.
John S. Messersmith,	Brig Truxton.
Samuel R. Addison,	Waiting orders.
Samuel Jackson,	U. S. Ship Independence, Pacific.
Richard W. Jeffery,	Hospital, Pensacola.
John Thornley,	Steamer Spitfire, Gulf of Mexico.

ASSISTANT SURGEONS.

William Grier,	Schooner Shark, Pacific.
E. H. Van Wyck,	Sick.
Augustus F. Lawyer,	Steamer Vixen, Gulf of Mexico.
Thomas M. Potter,	Frigate Raritan, Gulf of Mexico.
Joseph Hopkins,	Sloop Plymouth, Brazil.
Daniel L. Bryan,	Columbus 74, East Indies.
A. A. Henderson,	Steamship Erie, Pacific.
John Hastings,	Schooner Flirt, Gulf of Mexico.
Richard T. Maxwell,	Waiting orders, sick.
A. Y. P. Garnett,	Frigate Columbia, Brazil.
Morris B. Beck,	Waiting orders.
J. F. Tuckerman,	Store Ship Southampton, Coast of Africa.
Oscar F. Baxter,	Frigate Potomac, Gulf of Mexico.
Lewis J. Williams,	Waiting orders.
Marius Duvall,	Frigate Constitution, East Indies.
William S. Bishop,	Frigate Cumberland, Gulf of Mexico.
Joseph Wilson, Jr.,	Sloop Levant, Pacific.
Charles Eversfield,	Frigate Congress, Pacific.
Elisha K. Kane,	Frigate United States, Coast of Africa.
Edward Hudson,	Sloop Warren, Pacific.
Richard McSherry, Jr.,	Frigate Constitution, East Indies.
E. I. Bee,	Leave of absence.
John L. Burtt,	Sloop Preble, bound for Pacific.
John T. Bartow,	Leave of absence.
James Hamilton,	Frigate Potomac, Gulf of Mexico.
Charles H. Oakley,	Sloop Portsmouth, Pacific.
Bernard Henry, Jr.,	Sloop Saratoga, Brazil.
Robert T. Maccoun,	Leave of absence.
William A. Harris,	U. S. Ship Independence, Pacific.
Robert E. Wall,	Sloop Vincennes, East Indies.
Washington Sherman,	Steamer Mississippi, Gulf of Mexico.
Henry Mayo,	Frigate United States, Coast of Africa.
John Rudenstein,	Sloop Dale, Pacific.

THE NEW YORK
JOURNAL OF MEDICINE.
FOR SEPTEMBER, 1846.

PART FIRST.

Original Communications.

ART. I.—*On the Effects of Emetics in the young subject.* By JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of New York.

WITH the exception of cathartics, there is no class of remedies more generally resorted to in the management of the diseases of children, than emetics; and in a large number of cases, there is certainly none more useful. They are active agents, however, and like all agents of this description are capable of doing good or evil, according to the manner in which they are given. In the use of them, therefore, it is all important to ascertain whether there is anything in the young subject which modifies their operation. Unless this is done, it is impossible, of course, to prescribe them with any degree of precision, or even safety. The subject is one of interest as well as of practical importance, although it does not appear to have attracted the attention to which it is so justly entitled. In a previous paper,* I endeavored to point out how the effects of opium were modified in the infant subject. On the present occasion, I propose to pursue a similar investigation in relation to Emetics.

As it regards *the mere mechanical act of vomiting, young children perform it more easily than adults.* This is a fact which has long been observed by practical men, and about which there can be no question. It is no doubt a wise provision of the Creator to enable the child to relieve itself from the effects of an overloaded stomach, to which it is so constantly liable in the early period of its existence. Although the fact has thus been long known, and the intention of it is obvious, yet the reasons have not been so well understood. They appear to be the two following.

In the first place, from the experiments of Majendie, in relation to the manner in which vomiting is performed, it would seem that in that process, the stomach is in a great measure passive, and that a certain degree of pressure upon it from the surrounding organs is absolutely necessary, before vomiting can be accomplished. This pressure is made by the contraction of the diaphragm from above and of the abdominal muscles from below, upon the viscera surrounding the stomach. As a matter of course, the pressure thus exerted will be greater or less, according to the volume of the viscera. Now it is well known that in the early periods of life, the abdominal viscera have a much larger proportional size than they have in the adult. This is particularly the case with the liver.* In early life, therefore, during the act of vomiting, the pressure made upon the stomach by the surrounding organs must necessarily be greater than it is in the adult, and in consequence of this, the greater the ease with which the organ is evacuated.

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* Journal of Medicine and the Collateral Sciences, for January, 1844, p. 1.

In the second place, the shape of the stomach in the infant is more favorable to the easy evacuation of its contents. That the stomach undergoes successive changes in its shape, from birth onwards, is a fact, which although but recently investigated, is, I believe, well established, and for its elucidation we are indebted to the labors of Prof. Shultz of Germany. His attention seems to have been called to it from the peculiarities which he noticed in the shape of the stomach of those animals which vomit easily, and those which cannot be made to vomit at all. Thus for example, the horse, rabbit, hare, and guinea pig, cannot be made to vomit even by the most powerful emetics, while the dog and the cat throw up very readily—and he found that the shape of the stomach in the two sets of animals was entirely different, and that the same difference exists between the stomach of the child and the stomach of the adult. The former is more of a conical form, drawn out lengthwise, and gradually narrowing towards the two extremities. The œsophagus is inserted into the fundus at the left extremity, and at a distance from the pylorus, leaving the two curvatures of the stomach running almost parallel to each other. In short the stomach of the child resembles that of the carnivorous animals generally. The latter, i. e. the stomach of the adult, is very different; it is more circular in its form, and the œsophagus, instead of being inserted into the left extremity, is in the middle, between the left extremity and the pylorus. The pylorus, too, is drawn back towards the cardia, so that the small curvature is very short, while the large curvature is greatly extended. The consequence of all this is, that the stomach of the adult has a rounder shape, resembling that of herbivorous animals generally. Now, according to Prof. Shultz, the stomach which approaches nearest to the cylindrical shape, must have its contents evacuated with the greatest ease;† and this would appear to be the case, as a matter of course, whatever theory of vomiting may be adopted; whether performed, as some suppose, by the simple antiperistaltic action of the stomach itself; or according to Majendie, by the contractions of the diaphragm and abdominal muscles alone; or according to others, by the combined action of all these organs.

The foregoing considerations would seem to account very satisfactorily, both physiologically and anatomically, for the fact with which we started, that the mechanical act of vomiting is performed with greater ease in the child than in the adult. If vomiting, then, be induced in a child by mild agents, the whole process is performed with greater facility than by the adult. This, then, is the *first* peculiarity in the effects of Emetics in children.

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* According to Meckel the proportion between the weight of the liver and that of the whole body, is as 1 : 18 or as 1 : 20, in the full grown fœtus; while in the adult it is as 1 : 35 or as 1 : 36. Meckel's Anatomy by Doane, vol. iii., p. 309.

† British and Foreign Medical Review, vol. ii., p. 537.

If, on the other hand, *Emetics of an active and debilitating character, and which produce much nausea, be used, the effects are more uncertain and energetic than in the adult.* The articles to which I allude, are the antimonial emetics, and these accordingly are frequently hazardous to young children, and that, too, when used in doses not peculiarly large. The immortal Sydenham seems to have been fully aware of this fact. In speaking of the continued fever of 1661, 2, 3, and 4, he says, "it has often been a difficulty with me, when called to infants and children in a fever, and observing an emetic indicated, whereby they might have been preserved from danger, that I durst not give them this infusion (*crocus metallorum*), for fear of a bad consequence."* It will be recollected, that at this time the *Ipecacuanha* had not yet been discovered. Dr. Clarke of London states that "a quarter of a grain of Tartrate of Antimony in solution, has been known to excite a vomiting which has ended in the death of a young child, which before was in no danger."† Dr. Armstrong observes that he "has seen again and again, delirium produced by antimonial preparations, given so as to excite the mucous membrane of the stomach and intestinal canal in very young children."‡ Dr. Hamilton advises, that "Tartar Emetic should never be given to infants, for alarming convulsions have followed its use."§ By Mr. Noble of Manchester, a case is related, in which the death of a child, eleven months old, was owing to the effect of antimonial wine given as an emetic.‖ Mr. Wilton (surgeon to the Gloucester Infirmary) has also reported two cases of children, one a year old and the other four years old, which were manifestly destroyed by the use of antimonial wine given for ordinary colds. Slight convulsions—vomiting—diarrhœa—sudden prostration and death took place, notwithstanding the use of cordials and stimulants.¶ I have known a case occurring in this city in which the one thirtieth part of a grain of Tartar Emetic given to a child a year old, laboring under croup, produced such severe and protracted vomiting, together with general prostration, as to require stimulants to save life. Some years since I was called to see a child, about three years old, who had been attacked with scarlet fever. The symptoms at first were mild, and no danger was apprehended in the case, when it was suddenly taken with such alarming symptoms of prostration as to call for a consultation. On inquiry, I found that the attending physician had been prescribing small doses of Tartar Emetic. Notwithstanding the use of stimulants, the child died in an hour or two after I saw it. I then suspected, and have since been confirmed in the correctness of the suspicion, that the medicine had no little agency in bringing about the fatal result. The child was naturally delicate, and there certainly was nothing in the symptoms of the case to account for such a termination.

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* The Works of Thomas Sydenham, M.D , with notes by Benj. Rush, M.D., p. 18.

† Commentaries on some of the most important Diseases of Children. By JOHN CLARKE, M.D., &c., p. 33.

‡ Lectures by the late JOHN ARMSTRONG, M.D., p. 248.

§ A Treatise on the management of Female Complaints, and of Children in early infancy. By ALEX. HAMILTON, M.D., p. 353.

‖ Provincial Medical and Surgical Journal. By Robert J. N. Streeten, M.D., 1844, p. 47.

¶ Ibid, p. 204.

The foregoing facts would seem sufficient to show the *uncertainty* as well as *energy* with which Tartar Emetic operates on the young subject, and the causes are obvious.

In the first place, Tartar Emetic is a powerful sedative, and it is well known, that in early life, the system cannot bear so well the operation of this class of agents, as it can in the adult. A striking illustration of this we have in blood-letting, when carried to the extent of producing syncope. Adults, as a general rule, recover very readily from this state; children, on the contrary, recover very slowly, and there is always more or less danger to life either from convulsions or general prostration, and the same thing holds good in relation to Tartar Emetic. Besides this, Tartar Emetic frequently acts as a local irritant. From the delicacy of the mucous tissue in early life, it is of course more apt to act as such at that period, than it is in advanced years. In both these ways, it is evident that Tartar Emetic must necessarily prove more energetic in its action on the young subject.

In the second place, there is scarcely any medicine, whose action is more decidedly modified by the existing condition of the system than Tartar Emetic. In the ordinary state of the system, it acts as a sedative to the circulation, but at the same time causes, even in very moderate doses, nausea, vomiting, sometimes free purging and diaphoresis. On the other hand, in certain states of the system characterized by high inflammatory action, very large doses and frequently repeated too, may be given without any other effect than that of lessening excitement, and curing the disease. Again, as soon as this state of excitement is subdued under the use of the remedy, all the ordinary physiological effects of it are reproduced. Under these circumstances the article can no longer be tolerated, and the use of it must be relinquished. All these interesting peculiarities are abundantly illustrated in the treatment of pneumonia, as first practised by Rasori in Italy, then by Laennec in France, and afterwards by numerous English and American physicians. Now, if Tartar Emetic is thus modified in the adult by the existing state of the system, how much more readily must all this take place in the young subject. In the successive changes taking place in the child in the different states of disease, from irritation to inflammation, it is hardly possible to estimate the degree of uncertainty attending the operation of this article.

Again, vomiting, we know, depends very much upon the existing condition of the nervous system. In certain conditions of the brain and nerves, it takes place very readily, while in others it is almost impossible to excite it, even by the most powerful means. For example, when the system is under the influence of some narcotic, such as opium, everybody is aware how difficult it is to bring on vomiting; and the same thing occurs in the other morbid states of the nervous system, such as apoplexy, &c. Notwithstanding this, it has been observed, that if under these circumstances, large quantities of Tartar Emetic be given, or if the use of it be too often repeated, although vomiting may not be induced, yet there may remain sensibility enough in the system to enable it to operate as a poison. An interesting case illustrative of this is related by Cloquet, of a person laboring under apoplexy, who received into his stomach upwards of forty grains of Tartar Emetic, without producing either nausea or vomiting. On dissection, besides the morbid state of the brain, extensive lesions were found in the alimentary canal, which were attributed to the action of the Tartar Emetic retained in the stomach.[*] Dr. Christison quotes a case from the *Edinburgh Medical and Surgical Journal* (vol. vii., p. 305), in which a scruple of Tartar Emetic was given to a person poisoned by opium, without producing any effect as an emetic; sulphate of zinc was afterwards given and with success. As he recovered from the effects of the opium, he was seized with pains in the stomach and bowels, and with tenesmus, which lasted several days.[†] Now, it must be evident that in the young subject, all these results are much more likely to occur, than in the adult.

While Tartar Emetic operates in this way on the young subject, Ipecacuanha is never known to be followed by any injurious consequences. To the youngest infant it may be given not only with impunity, but frequently with the greatest benefit. Why this is so, must be manifest, if we reflect for a moment upon the peculiar properties of the two articles. Although both are emetics, yet they differ widely from each other in many important respects. The one is a mild article and limited in its operation to the stomach, upon which it never produces anything like local irritation, even when given in large doses. The other, besides acting as a powerful emetic, is a direct sedative, capable of producing general prostration, and in some cases acting as a local irritant to the stomach and bowels, showing itself in excessive vomiting and diarrhœa.

With regard to the manner in which Tartar Emetic proves so dangerous to infants, it is probably more by its action as a sedative, than as a local irritant. This may be inferred from the symptoms attending those cases, as well as from the appearances on dissection. In the two cases recorded by Mr. Wilton already alluded to, the main symptoms were those of collapse, and on dissection no appearances of inflammation could be detected either in the stomach or intestinal canal. In the case, however, related by Mr. Noble, on dissection, evidences of local inflammation were found in the mucous membrane of the ileum.[‡]

The foregoing, then, appear to be the important peculiarities in the effects of Emetics on the young subject. While vomiting, induced by ipecacuanha and other mild means, is performed with greater ease than by the adult and does not injuriously affect the system, the vomiting induced by Tartar Emetic is frequently followed by severe symptoms, and sometimes proves fatal.

Now the due understanding of these peculiarities is evidently of the highest importance in the use of Emetics in children, and upon the mind of the student and young practitioner especially, they cannot be too deeply impressed. From the manner in which medicines are treated of in classes, in most of the books of Materia Medica, and in the lectures on that subject, the student is insensibly led into the belief of a greater resemblance between them than really exists in nature, and it is only after he has had some experience of his own, that the error is corrected.

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[*] Paris and Fonblanque, Medical Jurisprudence, vol. ii., p. 280.

[†] Elements of Medical Jurisprudence. By T. R. Beck, M.D., and J. B. Beck, M.D., vol. ii., p. 586.

[‡] Provincial Journal for 1844, p. 48.

He cannot, therefore, too early in his career, learn that all classifications are artificial—not founded in nature—that medicines are arranged in classes, merely for the sake of convenience, not because the articles under each class are precisely alike, but because they resemble each other in some one or more important feature, while in other respects they differ greatly. No two medicines, even in the same class, are precisely similar, and in acquiring a knowledge of them, the study of the points of difference is even more important than those in which they resemble each other.

From the foregoing considerations, it appears to me that some inferences of practical value, to the young practitioner at least, may be deduced.

1. As a general rule we need not be afraid of vomiting the youngest child, provided the means used be mild—such as ipecacuanha, &c. The mere act of vomiting is attended with no danger, while the remedial agency of an emetic is one of great power and value. Besides acting on the stomach, it extends its influence to the mucuous membrane lining the pulmonary organs, promoting secretion in the first place, and then aiding in dislodging and ejecting morbid accumulations; accordingly, in pulmonary affections, there is nothing so efficacious.

2. The vomiting induced by the preparations of antimony ought to be resorted to with great caution in very young children, and should never be used except in those cases where a sedative effect is required, and can be borne with safety. Inflammatory excitement ought then always to be present to justify its use in a young child. Where the object is simply to evacuate the stomach, it ought never to be thought of. In such cases as croup and pneumonic inflammation, it may be justifiably and beneficially used. In those cases it will be found, that the system can bear the sedative influence of the article much better than it can in the ordinary conditions of the system. Even here, however, care should be taken not to push the article too far, as dangerous collapse has been known sometimes to be the result.

3. The *continued use* of Tartar Emetic in young subjects cannot be too specially guarded against. It is in this way, probably, that it is so apt to prove injurious. A single dose, even though it vomits very freely, may be borne with comparative impunity, while the repetition of it may keep up nausea and intestinal irritation, so as to cause injurious prostration. This is very likely to happen in cases of a chronic character, like hooping-cough. Although mild emetics are among our best remedies in this disease, and where the subject is old enough, a single emetic of antimony is frequently exceedingly beneficial, yet the repeated use of antimonial emetics, as is too often the case, appears to me to be a great error in practice. It is not indicated by the nature of the symptoms, and violates a great rule which ought always to be observed in the management of chronic cases, and that is, not to break down unnecessarily the strength of the patient.* Again, in ordinary catarrhal affections in children, a good deal of mischief is frequently done by the continued use of expectorant mixtures containing this active article. The Hive Syrup of Dr. Coxe, which is now in every family, and is

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* Dr. Armstrong says that "it is a most notorious fact, that the hooping-cough is far more fatal in London than in the country; and I believe," he adds, "that this arises from the very free use of antimonials in London." Lectures, p. 248.

given on the slightest occasions to infants, without even consulting a physician, has, I am convinced, done a great deal of harm. I say this without wishing to undervalue this preparation. In proper cases it is really a useful article, but persons out of the profession ought to know that its principal efficacy is owing to the quantity of Tartar Emetic which it contains, and that the indiscriminate use of it in cases where mild articles are required, must be injurious.*

4. As the effect of Tartar Emetic on the system cannot always be measured by its emetic operation, even in the adult, this fact ought to serve as a caution against the too common practice of giving repeated doses of it to produce vomiting in children, when they happen to be narcotized. While it fails to vomit, it may still operate as a poison to the system. In all cases of this kind, the proper method of treatment is, not to push the emetic, but to endeavor to restore the sensibility of the patient, and then sometimes vomiting comes on at once.

5. In using Tartar Emetic in children, especial regard should be had to their constitutions. In those naturally delicate, and especially where the scrofulous diathesis exists, it should never be used if it can be avoided. Prostration is much more apt to ensue in them, and where the article is persisted in for any length of time, is sure to do harm. It is in such constitutions, when laboring under hooping-cough, and where the use of this article has been too long continued, that the baneful effects of it are most strikingly observed.

6. It is perhaps hardly necessary to say that if Tartar Emetic be an article of such danger, the younger the subject to whom it is given, the more likely is it to do harm. In children under a year, I should say, as a general rule, it ought never to be used. During that period, the powers of life are too feeble to bear so active a remedy, at the same time that all the beneficial effects of an emetic may be gained from the use of ipecacuanha, or even milder means.

ART. II.—*History of Quarantine in Louisiana from* 1821 *to* 1846. By BENNET DOWLER, M. D., of New Orleans.

BY an act passed in February, 1821, providing "against the introduction of infectious diseases," a Board of Health, composed of the Mayor, five Aldermen, chosen by the Council, and seven "inhabitants," chosen by the Governor and Senate, was constituted and clothed with powers of the most extensive character—powers so unlimited, as to combine legislative, judicial, and executive functions, scarcely warranted by the constitution of any free government. The Board had power to establish a police, to cleanse the streets, fill up lots, to employ men, boats, and the like; to limit, under heavy penalties, the number of lodgers in taverns and boarding-houses, according to the "number of cubic toises of air" in each room (all of which was left to its own determination); to license boarding-houses, taverns, and shops, at the Quarantine ground; to impose sundry fines, and to perform many acts incurring pecuniary responsibilities without limit; to appoint seven Health Wardens with the powers of constables, and to require of the same obedience; to buy land, and build on the same, and to publish a daily, detailed account of deaths from May to October, and a weekly account for the residue of the year. The Governor and Senate appointed a Health Officer, and a Resident Physician. The latter, with the Health Officer, before entering on the duties of his office, took an oath to the following effect: "That whatever may be his opinion of the origin or infectious nature of the yellow fever, he will be as vigilant in preventing its introduction as if he knew it to be infectious and of foreign origin, and as careful in detecting and removing the causes which are supposed to produce it in this city, as if he believed it might originate here, and that he will well and truly perform the other duties of his office." He was required to visit, every week, all vessels in port from the first of June to the first of December, and to visit every vessel ascending the river above Fort St. Philip; to act as a justice of the peace; to examine, under oath, into the sanitary condition of all vessels; to give passports, or to detain vessels; to reside constantly at the quarantine ground; to visit the sick; to report to the Board of Health, &c. Quarantine continued as long as the Health Officer pleased, not less, however, than fifteen days after the purification of the vessel, and the recovery of the sick. Vessels were to be cleansed and whitewashed, "not painted or varnished." All vessels arriving from places where "yellow fever or other infectious diseases" had prevailed at the time of sailing, were subject to quarantine of not less than ten days. All vessels whatever, coming from the West Indies, or the continent, between 15° S. Lat. and 24° N. Lat., however healthful the places from which they sailed may have been, were, nevertheless, subject to a quarantine of five days. All vessels bringing putrid matter, vegetable or animal, as hides and the like, were, after the destruction of the same, still liable to ten days' quarantine!

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* Every ounce of Coxe's Hive Syrup contains one grain of Tartar Emetic. My friend, Dr. McCready, has communicated to me the particulars of a case in which a child between four and five years of age, laboring under hooping-cough, manifestly sunk under the too frequent use of this article. The exhibition of it had been continued about eight days, when symptoms of intestinal irritation came on, accompanied with great general prostration, which in a few days ended the child's existence.

Vessels from any port in Europe, arriving between the first of May and the first of November, bringing more than twenty passengers, commonly called redemptioners, were not, however healthy, permitted to come within three leagues of the city, until after the first of November in any year; the captain or consignee of the vessel was bound to that effect, in the sum of three thousand dollars, as well as to pay the cost of the arrest, and the transportation to the quarantine ground, of any redemptioner found in the city. Any person escaping from quarantine, incurred a fine of five hundred dollars—a vessel one thousand. A fine was imposed, of three hundred dollars, for landing any passenger in the State, without having first submitted to quarantine! Hence it is evident that all vessels were under the necessity of touching at New Orleans, though destined to a distant bay, river, or lake.

Although the Board of Health received no compensation, yet several officers connected with it received salaries. The Board was organized in March, 1821. It located the quarantine ground at the English Turn, and expended more than twenty-two thousand dollars in its operations.

The year 1821 proved very healthful. The Governor in his message of January, 1822, declared that "New Orleans had been for twelve months the healthiest large town in the United States"—a result which he attributed to the quarantine laws. The fact relating to health could not be denied. The explanation was good; the logic was convincing. Contagionists triumphed,—for eight months. The river moved silently along, but wailing was heard in every street. The stars shone brightly, but ten thousand eyes were dim with tears, and red with weeping. Hearse followed hearse, coffin rumbled after coffin. In a few days, the Board had on its black list of yellow-fever victims, eight hundred and two names! In August, 165 died; in September, 532; in October, 665—for the most part from yellow fever.

The Governor had to write another message. But how different! "The city," says Governor Robertson, "has been again visited with the yellow fever. It were an idle waste of time, for me, at least, to inquire into the causes, origin, and nature of this dreadful malady; most of the various opinions with respect to it, seem to be sometimes but too true. We find it in the humid and heated atmosphere of New Orleans —in Pensacola surrounded by arid plains, and fanned by breezes from the sea,—in the comparatively cold regions of the Northern States. For anything that is established to the contrary, it is foreign and imported, or indigenous; and contagious, or not, according to circumstance or accident!

"The State resorted to quarantine under the expectation that it would add to the chances of escape from this dreadful visitation. If this hope be fallacious, if no good effect has been produced, if even a procrastination of its appearance has not resulted from the measure, then should it be abandoned, and our commerce relieved from the expense and inconvenience which it occasions"

The Committee of the House of Representatives on Quarantine Laws, reported, "that during the last year [1822], notwithstanding the *strictest compliance with those laws*, our expectations were frustrated at the very moment when we thought we could indulge the hope of the most complete success. The season was far advanced, and in the month of September this metropolis enjoyed the most perfect health, when the yellow fever made its appearance."

Observe that this report was made by a committee altogether in favor of quarantine. They honestly acknowledged its failure, but recommended its continuance in the most rigid form, because it had not been tried sufficiently long, and because other States had similar regulations! The committee avow their belief in the contagious nature of yellow fever, and even adopt the opinion of the Board of Health, expressive of its importation from Pensacola, through the Bayou St. John.

The Report of the Board of Health to the Legislature is very brief and quite unsatisfactory, not to say absurd. They attack the physicians without ceremony for their disbelief in contagion, and seem to think that in opposing their own opinion to that of the faculty, they have offered proof good enough for anybody: "The opinion that yellow fever is *not contagious, is directly opposed to that of the Board!*" This pride of opinion sought to sustain itself with facts, as will be seen hereafter, and with such facts!

Their Report says, "that up to the end of August, the inhabitants had not suffered from any malady. About the end of that month, the yellow fever was *imported*, by a vessel from Pensacola, *in a family* named Lynch. This family, of which every member but one fell victims to yellow fever, were lodged in Bienville street, when this disease first manifested itself, and spread to the different parts of this city, striking in its course all unacclimated persons, who were the sole victims of this scourge."

Poor, slandered Pensacola! That sapient maxim of the law—the greater the truth the greater the libel, does not apply in this case, as may be seen in that excellent little work, "The Medical Statistics of the United States' Army," published in 1840. The Report of Assistant Surgeon McMahon shows that, on the first of July, a cargo of fish had reached Pensacola, "*in an unsound state.*" Nothing serious, however, happened for a *month* after, until an "*unsound*" *young lady arrived from New Orleans*, that is, a young lady with black vomit. She was just from *New Orleans.* The contagion must have been imported 'in' her, for the same reason that is given for its "importation in the Lynch family." She died. Soon after, the epidemic broke out in Pensacola,—and about one-fifth of the inhabitants died, in a few days.

According to the logic of the New Orleans Board, if you infect me, I may infect you, though I may be quite sound all the while. New Orleans infects Pensacola, and, Pensacola infects New Orleans, in thirty days after! The one sends a *young lady;* the other sends the *Lynches*, with the *lex talionis.* Sauce for the goose, is sauce for the gander. Havana has blamed Charleston, for nearly a century, in the same amusing manner; and Charleston has *retorted*, perhaps as often. The Board strongly advocated the continuance of quarantine, as did the House of Representatives, by an immense majority, by adopting the Report of its committee. In the meanwhile, the great public, the men of business, felt no sympathy for an ideal, or theoretical dogma, which their own observation contradicted, and which placed them in the situation of those victimized frogs, which being stoned by certain boys, protested against the same, alleging that the pelting of frogs was very amusing to the boys, but death to the frogs, and, consequently, to their business.

On the 23d of January, 1823, a large public meeting took place, in which it was moved and carried, "*that the late epidemic had tested the total inefficiency of the quarantine laws and regulations;* we consider them not only useless, but in the highest degree oppressive and injurious to the commerce of this city; and that application ought to be made to the Legislature for the purpose of having them annulled." A memorial was addressed to the Legislature accordingly for that purpose.

The year 1823 completed its orbit without an epidemic. The contagionists, in the Legislature, and in the city, reigned. In January, 1824, the Governor congratulated the Legislature on "the exemption of the city from contagious diseases." But in November of the same year, he says, "New Orleans has been again subjected to the dreadful scourge." He seems to incline to the doctrine of its domestic origin, and suggests the propriety of bringing the business season to a close by midsummer, and recommends a general flight to the unacclimated, adding, concerning the yellow fever: "Amidst the gloom which its fate inspires, may we not be permitted to indulge the cheering hope that the city is not doomed to suffer always?" Some writer defines *resignation* by the word *despair*. Hate, destiny, and despair, are poor comforters.

The contagionists now began to waver. The Committees in both

Houses of the Legislature disagreed on quarantine, and were discharged from the consideration of the same, on the 30th of November. To disunion, a revolution in opinion succeeded. In less than three months afterwards, an act was passed (February 19, 1845), repealing the quarantine laws of 1821, directing the sale of the grounds belonging to the establishment, and empowering the Governor and the city authorities to establish a sort of *quasi quarantine* at their discretion, but refused them the power to *stop any vessel unless the resident physician* shall determine that the vessel is unfit to enter into port.

Æsculapius was omnipotent. He held the balance of power. He could, in effect, veto, or nullify the acts declaratory of an actual quarantine. His mere theoretical opinion bound commerce in chains, upon rivers, gulphs, and seas. It furled the sail. It put out the steam. Now when a theory is intrinsically visionary or doubtful, indigestion, bad sleep, the last medical romance on contagion, an old prejudice, or a new whim, may turn the scale in the mind of the "Resident Physician." The drama opens. The terrible decree goes forth, and, perish commerce, rather than sacrifice an opinion, made up and expressed to all the world! The ablest contagionist I ever knew, declared most emphatically, that he was so convinced of the truth of the contagiousness of yellow fever, that "he could not believe God nor his angels, were they to proclaim the contrary!" As I have never been able to detect any other fault in this gentleman's character, but the one I mention, I feel no hesitation in alluding to it, as illustrative of that pertinacity of opinion, into which some of the ablest, wisest, and most virtuous men, may fall, when a favorite theory is under consideration. These powers, conferred on the son of Æsculapius, so opposed to public opinion, were not exercised. The quasi-quarantine was a dead letter.

As quarantinists seem to be astrologically, or at least, mystically inclined—as their love of the number FORTY testifies—it might not be improper to inform them, that as soon as all quarantine was removed from New Orleans, the yellow fever began to diminish. For eight years, the mortality never, in any season, equalled that which occurred under the strict quarantine of 1822. During this latter year, nearly half as many died as in the long period intervening between the abolition of the quarantine, and the invasion of the epidemic cholera,—a period of eight years. Had this decrease taken place under a quarantine *régime*, a thousand glittering swords of logic would have leaped forth in its defence: *Salus populi suprema est lex.*

From 1837 to 1843, no less than five epidemics have swept, tornado-like, through the streets of New Orleans. A triennial, or rather a triune epidemic commenced in 1841,—an account of which would fill a volume, and which is here alluded to solely for the purpose of denying that the epidemic was introduced by the ship Talma, and for the purpose of remarking that the false statements concerning the same gave a new impetus to contagion. The story of the Talma has been so often repeated, and printed, too, without contradiction, that it has become *history.* I will not say with Walpole, that "*all history is a lie;*" but, I will say, that I can, and perhaps will, yet, show that in this particular instance it is not true, or, "*is the thing that is not,*" to use the words of Swift.

Early in the year 1844, Professor Carpenter of New Orleans published an essay "to disprove the domestic origin, and to demonstrate the transmissibility of Yellow Fever." Whether it was the fate of the Talma, or the logic of the Professor, or both, that "infected" the Legislature, cannot be known. But certain it is, that with the suddenness of a thunderclap, on the first of March, 1844, the committee of the House of Representatives brought in a report in favor of establishing quarantine, for the following reasons:—

"I. That yellow fever is invariably known to appear first in the shipping." This is a stereotyped error, as I could prove.

"II. That it never exists in Baton Rouge, Bayou Sara, Natchez, Vicksburg, or any other towns up the river, prior to its breaking out in New Orleans." A half century proves the contrary. It is sufficient to mention Woodville, an inland town in the State of Mississippi, which was desolated for the first time by yellow fever, in 1844. Four-fifths were attacked, and one-sixth of the whole population died, while all other towns, including New Orleans, escaped. But admitting the fact to be true, it proves nothing for or against contagion. If yellow fever be developed during the hot season, it is reasonable to suppose that it would generally begin in Havana or Vera Cruz, before New Orleans; in New Orleans, before Natchez. Frost is not produced by contagion, yet it takes place in a regular progression, in the contrary direction, from North to South. This piece of legislative logic amounts to this: yellow fever happens sooner in some certain latitudes or places, than in other latitudes or places. Here is one of the very few instances in which the meteorology of the seasons throws a light upon etiology. Yellow fever is not deducible from any exactly determined altitude of the quicksilver, but it is connected (no matter how) with the hot season, with urban localities, unseasoned constitutions, and so forth, and, where the seasons, &c., are most advanced, there might yellow fever be expected first, etc.

"III." and "IV." "That it," yellow fever, "has never yet prevailed in the Calaboose," the prison, "nor in the convent in this city. That while the disease prevailed last fall," 1843, "to a considerable extent in Bâton Rouge, not one single case occurred in the Penitentiary."

The fact advanced by the committee, concerning the calaboose or old city prison, cannot be questioned; inquiry and observation, during eleven years, and the examination of many state papers, convincing me, that here is, perhaps, the most important fact ever yet made known in relation to the origin, or rather prevention of yellow fever. It is worth more than a thousand volumes of speculation. Many years ago the Governors of the State, in their annual messages, frequently alluded to this fact, as an indubitable proof of the efficiency of quarantine laws! The legislative committee only reiterated an argument, almost as old as the yellow fever of the city. No one, it is supposed, has ever attempted to answer this fallacious application of a fact, which, when duly appreciated, instead of favoring contagion, disproves it altogether. The old Calaboose was in the heart of the city, adjoining the Cathedral, and completely surrounded by the densest population, from which its inmates were separated by nothing but walls and iron bars. This was all the *insulation*, the only *cordon sanitaire*. No fumigation; no quarantine were performed fifty miles from town; communication was free; new prisoners, visitors, officers, clothes, goods, and all the materials required for one or two hundred persons, were daily sent in from the "infected districts," and ought to have been saturated by contagion. The prisoner looked out of his grated windows by day and by night, into the chambers of the dead and dying, in his vicinity. It so happens, that in yellow fever seasons crimes abound, and the prison is usually crowded. The humidity, the lack of cleanliness, added to this crowding, can be proved by official documents, and gave rise to complaints by Governors, and visiting committees, who, nevertheless, assert that the prisoners were in good health! When the Calaboose was removed to the rear of the city, in the swamp-district, on the old Basin, where the hypothetical miasma was so "thick as to be felt," and smelt in imagination, the same exemption followed. In 1837, during an epidemic of the most fatal character ever known in this city, one hundred and eighty persons were confined in this prison. They were mostly young, or middle-aged men, incarcerated for small offences, or vagabondism. In my daily visits, for some weeks, I noticed that they were as badly clothed as Jack Falstaff's regiment: a number of them had no shirts, but pantaloons only: they were nearly all strangers, and just the subjects for the fatal form of yellow fever. Probably one hundred and fifty of these men would have taken the yellow fever, and perhaps fifty would have died, had they been restored to liberty at the beginning of the epidemic. Yet not one died of yellow fever, in all this crowd! Not one was attacked! I do not wish to stop here to offer any explanations, even were I competent. Women who are little exposed to the sun, or to severe exercise, or intemperance and the like, often escape, and rarely die, from yellow fever.

There is, if we may reason from what is known, but one certain method of escaping yellow fever in New Orleans, *incarceration!* That may always fail hereafter, but so far, it has not. It may be that a church, a theatre, or private dwelling, would answer for the same purpose equally well. Here, as is usual, the rich have the advantage. The poor cannot afford the luxury of complete imprisonment during the summer and fall.

The third and fourth conclusions of the legislative committee have, therefore, no connection with this matter, unless it be to show the *incommunicability of yellow fever to persons incarcerated;* though volume after volume has been sent forth, to show that crowding, filth, humidity and the like, incidental to prisons, either originate, or propagate contagion in all cases. Hence, the accounts of the Black Hole of Calcutta, the Old Bailey prison, and Jail Fevers, all go to show that the same ought to happen in New Orleans.* Such is not the fact, and the whole benefit of the argument is with the anti-contagionists. The daily introduction of new prisoners, of visitors, and of the materials necessary for the use of hundreds of persons, to say nothing of the exposure to the concentrated aërial or volatile streams of contagion incidental to the densest part of the city, ought surely, according to the views of contagionists, to communicate this disease to the prisoners, especially when no precautions are even thought of, as is the case in New Orleans. Whether insulation of the soil, or of the person, or something else, be regarded as the cause of yellow fever, is foreign to our present inquiry. In a word, the very curious fact, that a certain spot in New Orleans is free from yellow fever, where, according to *à priori* reasoning, it ought to appear, affords no proof whatever in favor of the conclusion drawn from the same, by the committee. The House of Representatives of Louisiana refused to pass the quarantine which its committee reported: so it sleeps, like "the mighty Hector's shade."

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* The ever blessed and adorable goddess HYGEIA, daughter of Æsculapius, is our witness, that nothing is here intended to favor dirt or dirty people. The goddess of Health doubtless winks at "pious frauds" which have a tendency to promote cleanliness. And there can be no doubt that her father, Æsculapius, was far from being displeased with the New York physicians who invented the doctrine of SEPTON, which reigned at the beginning of the present century, not only in that city, but over half of the world, and which caused soap and water, alkalies and scrub-brooms, liming and white-washing to become fashionable. "Grim Septon" delighted in filth, corruption, and *acidity*, and would only be put *hors de combat* by alkalies. Dr. Mitchill gave accounts of this mischievous personage, in both prose and verse:—

"Your hands collecting, spread through every clime,
A fair proportion of attempering LIME.———
———The conflict o'er, behold on all sides round,
In *neutral* chains, the Powers of Mischief bound,
To lie in durance strict, ten thousand thousand years."

Grim Septon appears to have been as well known in New York, as Achilles was among the Greeks, or Satan among the infernals. It is very remarkable, that *Septon* should call in the aid of *Oxygen* in getting up contagions, or rather miasms:—

———"Captivating SEPTON draws
Unwary OXYGEN to aid his cause."

Such is the legislative history of quarantine from 1821 to 1846, divested of all extraneous matters. I have avoided its early history, as well as that of the epidemics with which it is connected, because the subject is too extensive for this paper, which has been written in consequence of a wish expressed by the Editor of the New York Journal of Medicine, to obtain some information on the quarantine laws of Louisiana. Should this paper prove acceptable to the Editor and readers of the Journal, I will be highly gratified; but justice to myself requires that I should say, that this paper is a sequel to one just written for the August number of the New Orleans Journal of Medicine, entitled, "Researches, historical," etc. The general views of the origin of yellow fever contained in that paper are more or less illustrative of the one here examined. Whoever does me the honor of perusing the one, will, I hope, peruse the other, as they are intimately connected.

The *prestige* of contagion, within the last six years, has influenced the legislature, and most of all the faculty, but not the people. And what does it promise? Under the illusory attempt to exclude yellow fever, see seventy miles below New Orleans, a forest of masts, under the guns of Forts Jackson and St. Philip;—ships chained for forty days; hospitals and hotels, towering against the skies, for the sick and the well; wharves and warehouses, for unlading vessels; blankets and beds, boxes and bales, opened, fumigated, disinfected; swarms of officers; and an expenditure of millions! If New Orleans closes the door to all nations, will not all nations close the door to her? Taking for our guide the published views of the latest writers on quarantine (who carry their ultraism beyond all precedent), no vessel can be, like Cæsar's wife, *above suspicion*. They tell us, that, however healthy may be the crew and passengers, the air, sealed up in the hold, is saturated with contagion; no cleansing, no fumigation, no ventilation, will suffice, without unlading, etc. No vessel can dip her sails within the tropics—none can come from a yellow fever country, without being *suspected*, and *all the suspected* must undergo quarantine, until the infected air is cured or killed,—a fact which can only be known to the medical astrologers *themselves*.

Whenever these absurd visions of the new contagionists become actualized, New Orleans will have only an historical existence. Her epitaph will have been written—*New Orleans was!*

A true history of our epidemics would show, that the *first cases* of yellow fever do not always, nor even frequently, appear in the shipping.

If we adopt the logic of the contagionists, it would seem that the disease is not imported from the West Indies, *but from the Western and Northern States;* because the flat boatmen, and others that have just descended the river, are, generally, the first in whom the malady is seen, and, therefore, they must be its importers. Theory requires the yellow fever to begin in, and to spread progressively from, ships that have recently arrived, from places where yellow fever was prevalent. The villain, Procrustes, cut off all the legs which were longer, and stretched those which were shorter than his bed. Such was his *theory* of length; and such is the *prestige* of contagionists when facts oppose.

Beginning with 1819, I offer two or more of the *first cases* of yellow fever, for twenty-one consecutive, though not all epidemic, years, in illustration of this species of evidence. The first cases, almost invariably, go to the Hospital, where records are kept by salaried clerks. I could have multiplied the cases ten fold, but deem it unnecessary. The three last epidemics I have not touched, as they would occupy too much room.

No class of yellow-fever patients are so quickly, or so generally sent to the Hospital, as those on shipboard. It is, therefore, a matter of great surprise, that so few persons from ships are found among the *first attacked*, and the more so as scarcely any of the crews of ships are acclimated. The following list will show, that only about three in a hundred are sent from ships, either as pay or charity patients, in the early part of the epidemics. According to the theory of importation, *the ships ought to furnish nearly all of the first cases.*

Year.	Names.	Place of Nativity.	Last from.
1819.	Gifford,	Wilmington, Del.	Philadelphia.
	Sandal,	Sweden.	do.
	Leger,	France.	Attakapas, La.
1820.	Wood,	Alexandria, La.	Alexandria, La.
	Woosman,	Amsterdam.	Amsterdam.
	Ornd,	New York.	London.
	Hough,	Portland, Me.	Boston.
1821.	Burns,	Ireland.	New York.
	Gildan,	do.	Baltimore.
	Jacob,	Philadelphia,	Philadelphia.
1822.	Jack,	Ireland.	Havana.
	Cohan,	do.	Louisiana.
	Foley,	do.	do.
	Miller,	Switzerland.	Mississippi.
1823.	Holden,	Ireland.	New Orleans.
	Hall,*	Maryland.	Red River, La.
1824.	Prior,	Sweden.	Ship, Cail.
	Hosman,	Virginia.	Steamboat Reigo.
	Hays,	Ireland.	New Orleans.
1825.	Allen,	Pennsylvania.	Steamboat.
	Harris,	North Carolina.	Keelboat.
	Murphy,	———————.	Terre Boeuf, La.
1826.	Miller,	Ohio.	
	Kennedy,	Ireland.	
	Williams,	Connecticut.	

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* There were but two cases in the hospital this year. The physician who attended the lad, Hall (aged 17), made the following remarkakle note, "a well marked case of yellow fever, removed to the hospital with *black vomit*. Taken out of a flatboat, laden with hogs, at the mouth of the Red River, by the Steamboat Eagle." Hall recovered! No epidemic followed! He took the disease at the mouth of Red River!

Year.	Names.	Place of Nativity.	Last from.
1827.	Crosgrove,	Ireland.	
	Kirk,	England.	Brig Majesty.
	Hay,	do.	Steamboat Florida.
1828.	Handly,	do.	Havana.
	Lighner,	Germany.	Vera Cruz.
	Kingwell,	England.	Steamboat Ivanhoe.
1829.	Bird,	Pennsylvania.	Cincinnati.
	Lepenard,	New York.	Havana.
	Hereford,	Virginia.	Cincinnati.
1830.	Boylen,	Ireland.	
	Delong,	Virginia.	
1831.	Cavener,[*]	Ireland.	
	Wainwright,	North Carolina.	
	Times,[†]	Canada.	
	Deen,[‡]	Ireland.	
1832.	Cousin,	France.	
	Rapp,	Germany.	
	Cassady,	Ireland.	Wheeling, Va.
1833.	Maily,	Ireland.	St. Louis, Mo.
	Grant,	Virginia.	
	Scales,	Georgia.	
1834.	Delilah D.,	Kentucky.	Louisville, Ky.
	Tracy,	Ireland.	London.
	Snow,	Sweden.	New York.
	Wilson,	Scotland.	Texas.
1835.	Graham,	Pennsylvania,	Pittsburgh.
	Ferral,	Genoa.	Vera Cruz.
	Williams,	Denmark.	New York.
	M'Kenny,	New York.	Bayou Sara, La.
1836.	Clayton,[‖]	Ireland.	Mobile.
	Mayer,	Germany.	Tampico.
	Farland,	Scotland.	Pensacola.
	Guilmen,	Nantes.	France.
	Brinkly,	Pennsylvania.	Ohio.
	Collins,	Virginia.	Texas,

Year.	Name.	Place of Nativity.	Place last from.	Length of Residence in N. Orleans.
1837.	Meras,	Italy,	New York.	2 months.
	Windham,	South Carolina,	North Alabama.	24 days.
	Gohen,	France,		1 year.
	Mrs. Hairne,		Texas.	5 months.
	Sidia,	Sicily,		4 months.
1838.	Mrs. Cody,			
	Curren,	Pennsylvania,	Albany, N. Y.	3 months.
	Hemzog,	Switzerland,	Havre.	3 weeks.
1839.	Pew,	Kentucky,	Natchez.	
	Chillis,	Italy,	Baltimore.	6 months.
	Kidney,	Ireland,	Cork.	2 years.
	Hober & wife,	Switzerland,	Philadelphia.	5 months.

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[*] The elder Dr. Ker made this note : "The first case of the kind this season."

[†] Dr. Ker's note declared that the dissection proved this to be a genuine case of yellow fever.

[‡] I find no other cases this year. Three deaths; Deen, recovered. Were not four cases sufficient to have kindled up an epidemic on the principle of contagion? The same question applies to many other years, in which a very few, but malignant cases occur, in different parts of the city.

[‖] This man was not sent to the hospital. I was called in during the last stage. Probably ten or fifteen died during the year, in the city and hospital.

Art. III.—*Case of Tetanus arising from intestinal irritation; cured by large doses of Opium, with remarks on Allopathy, Homœopathy, &c.* By J. B. Zabriskie, M. D., Physician to the Kings' County Almshouse, Flatbush, L. I.

Catharine Kane, aged 34, of bilious temperament, born in Ireland, entered the house afflicted with this frightful disease, on the 17th of October, 1843, in the form of opisthotonos, accompanied with violent spasms. She complained every five minutes of exceedingly violent paroxysms of severe pain, at the lower part of the sternum, accompanied with a rigid contraction of nearly every muscle in the body. The head was powerfully retracted, the body considerably recurved, and the legs and arms forcibly extended; the feet being extended nearly in a straight line with the legs, and all rigid; the abdominal muscles were perfectly stiff and hard. During the intervals between the paroxysms, the muscles of the trunk and extremities were but slightly relaxed, while those of the jaws remained firmly contracted. Her respiration was hurried, deglutition extremely difficult; the skin was rather above the natural temperature, very dry and harsh; the pulse during the paroxysms was small and irregular, but in the remissions it was quick, full, and of moderate strength. Her brow was constantly knit, and her countenance expressive of the most excruciating pain. The powers of thought and sensation were unimpaired, and she could speak distinctly, without great difficulty.

She said that before this sickness she had always enjoyed good health, although there was an ulcer on her leg, which she stated had been there two years. She says that about a fortnight ago, she had nausea, headache, and felt otherwise quite unwell. For this she took a dose of medicine, probably calomel and jalap. After taking the powder, she continued washing the greater part of the day, her clothes being wet with cold water most of the time. She took cold, and was soon seized with violent pains in the bowels, which became very severe. She said "she was pulled to pieces," and at length her neck and jaws became stiff. She had had no evacuation from her bowels since the powder had operated, nearly two weeks ago; she had taken no nourishment during the last week, nor slept at all during the same time. She wanted nothing to be done for her, saying that she knew she must die very soon, and obstinately resisted the application of cups and other remedial measures to the epigastrium, abdomen or spine, which was proposed, only asking for laudanum to ease her horrible pain. She was put into a warm bath, and twenty grains of calomel, with four drops of castor oil, were administered internally.

17*th.* The warm bath appeared to afford some relief, but the purgative produced no effect. Spasms are very frequent; ordered a teaspoonful of tinct. opii to be given every hour.

18*th.* She has taken the tinct. opii, in teaspoonful doses, every hour through the night, but with little effect. Spasms very severe every fifteen minutes, bowels obstinately constipated. Forty grains of calomel were then given with six drops of croton oil, to be followed by an enema composed of Ol. ricini ℥ ij., ol. terebinth. ℥ j., aquæ. Oiv.—3 P. M. The purgative has produced no effect on her bowels, but increases the gastric distress, and she obstinately refuses all medicines except opiates; ordered tinct. opii half an ounce.

19*th.* Spasms still continue and are very violent. She begs for laudanum to relieve her pain. This was ordered in doses of half an ounce every hour until she be relieved, and an enema ordered for her bowels.

20*th.* After taking six doses of the tinct. opii, she experienced a temporary abatement of her pain and spasms, and she has had some sleep. The bowels have not yet been moved; ordered the same treatment.

21*st.* The opium taken yesterday, has relieved her very much, and she has passed a comfortable night. The spasms have again returned this morning, but they are not as frequent nor as violent. The tinct. opii was given in the same doses, but less frequently, and an enema, composed of two quarts of a strong solution of common salt, was thrown into the rectum.

22*d.* She feels better. The injection produced the desired effect, and brought away an enormous quantity of dark-colored and extremely fœtid matter, which gave her great and immediate relief. The rigidity has considerably diminished, the muscles of the jaws are slightly relaxed between the spasms, which now are slight, and at intervals of half an hour and sometimes longer; ordered a single dose of tinct. opii ℥ss., and the enema to be repeated.

23*d.* She appears much better. The spasms have ceased. The muscles have still considerable stiffness, but appear to be gradually relaxing into their natural state. The skin is soft and perspiring, the pulse full, soft and regular, the countenance less expressive of pain.

From this time she gradually recovered under the use of laxatives, mild tonics, and opiates.

About a week after the spasms had left her she was again seized with spasms, and the same pains in the abdomen, and at the lower part of the sternum, but not to the extent that they had reached before, and without the tetanic contortions. The nurse immediately gave her half an ounce of laudanum, and repeated it in an hour. This produced complete narcosis, with stupor and all the other symptoms of poisoning by opium, requiring an emetic, the use of coffee and acids, to relieve this state.

This was evidently idiopathic tetanus, caused by intestinal irritation. The obstinate constipation, which resisted the most powerful purgatives and enemata, could be overcome only when the spasm existing in the intestines was subdued by the opium, and the relief which followed the evacuation of the enormous and very offensive mass of fæces, was immediate, and more striking than anything which occurred in the treatment of the case.

The power of intense pain or spasm to overcome the effects of opium, is well shown in this case. On the 19th and 20th, three ounces of tinct. opii produced very little effect, and none upon the cerebrum; while on the 30th, during the relapse, one third of the same quantity almost proved fatal, producing the symptoms of poisoning by opium.

Allow me to append a few remarks, suggested by a perusal of the 12th article in the July number of your valuable Periodical.

The New York Journal of Medicine is the advocate of no particular system of Medicine, but has for its object the advancement of medical science in general, and the investigation of truth. It was for the purpose of promoting this object, that the above mentioned article was written and published. There is however in this article, one objectionable point, against the use of which, in the pages of this Journal, we hereby protest,—it is the use of the term Allopathy in the homœopathic sense. Homœopathic practitioners, it is well known, apply the term Allopathy to all other systems of practice except their own, in the same way as those who call themselves botanic, give to all others the appellation of mineral physicians. Now, we have no disposition to dispute the right which any sect or the abettors of any system have to give themselves any name whatever, but the application of the term allopathy to all others, not only shows no small share of modesty on the part of the homœopaths, but the term is incorrect, as not showing the distinctive character of their system, without taking into consideration the incongruity of grouping together, under one common term, systems the most opposite in principle, and having little or nothing in common.

The term homœopathy does not express the distinctive character of their practice, as the greater part of the practice of every physician is homœopathic, in the true meaning of the word. As the great mass of diseases consist of inflammations or irritations of some particular organs, the medicines used to combat them are those which act on these organs, or, in other words, which irritate them. Does not almost every physician treat diarrhœa with laxatives, and give emetics to relieve nausea? Do not all use expectorants in diseases of the chest, while stramonium, conium, digitalis, and opium are used in mania. In urethritis, nitrate of potash, balsam of copaiba, oil of turpentine, and other articles which irritate the urethra, are the most common remedies, and nitrate of silver is used for the inflammation of almost every mucous surface, whenever it is possible to apply it. Acetate of lead, sulphate of zinc, sulphate of copper, nitrate of silver and other caustics, are universally used as collyria in ophthalmia. Alcohol and spirits of turpentine, are common applications to burns, while spirits, nitrate of silver, mercurial ointment, and sometimes emplastrum cantharidis, are used in erysipelas.

The great characteristic, then, of homœopathic practice, is not in its homœopathy, but in the administration of medicines in insensible doses.

With regard to the success of Dr. Henderson's practice, we have only one remark to make. If, as Dr. Forbes observes, M. Magendie, and many other of the most celebrated French physicians, cure most acute diseases by the use of gum water, without any other internal medicines, is it surprising that a homœopath should produce a similar effect, by adding to the drinks of his patient the millionth part of a grain of any substance whatever? Does not the mesmeriser produce the same effect with his manipulations, the North American Indian by his pow-wow, and antic gesticulations, the hydropath by his wet sheet, and the Thompsonian by his steam? All this shows how great is the effect of the imagination in the cure of diseases, and that we still very imperfectly understand the functions of that curious and powerful nervous system, which pervades, and to so great a degree controls, the animal frame.

Flatbush, July 18, 1846.

Art. IV.—*On a new species of Urinary Concretion.* By John L. Le Conte, M. D., of New York.

The experiments detailed in the following paper were undertaken last winter in connection with the subject chosen for an inaugural dissertation. In consequence of the numerous interruptions attendant on a course of medical studies, they were left in a very crude and imperfect condition, and it was considered advisable to postpone any public account of them, until more abundant leisure should enable the writer to recur to the subject. Other pursuits have caused him to abandon his original intention, and, as there is no immediate prospect of his continuing his investigation, the notes of the original experiments are here submitted to the indulgence of chemists and pathologists.

The writer is induced to take this step in the hope that, when attention is once called to this product of morbid action, it will not be long before other examples occur. These, it is to be expected, will fall into the hands of individuals more skilled than himself in the ultimate analysis of organic compounds, and when the history of the case can be known, will form a very important addition to our knowledge of vital chemistry.

The specimen from which the following description is made, was detected by me, about two years ago, in the cabinet of Prof. W. Parker, M.D., of this city. This gentleman, with a rare liberality, immediately placed at my disposal abundant means of making a chemical examination; the material, however, remained untouched until December, 1845, when the series of experiments, detailed below, was instituted.

The calculus, when first seen by me, consisted of several fragments, from which it appeared that its entire figure was a tolerably perfect ellipsoid: the largest fragment is an almost exact quarter of the original mass, and gives the following semi-diameters: 1.20, .83, and 1.00 inch. It contains as a nucleus a small piece of slate pencil, which shows evident marks of a knife. Its structure is concentric,—in some places compact, in others spongy. It is of a pale ochry brown color, and assumes a waxy lustre on friction, which also developes a slight musky odor. Exposed to heat, it fuses readily, evolving a fragrant balsamic odor; at a higher temperature it inflames, and burns with much smoke. It dissolves with great ease in potassa, forming a brown solution; in nitric acid with slight effervescence, producing a fine yellow color; when carefully heated with sulphuric acid, it gives a bright purple tint. It dissolves readily in boiling alcohol and ether. By these characters it can readily be distinguished from all other urinary concretions.

1. A portion of the calculus was digested in hydrochloric acid; it did not dissolve, but the acid was slightly tinged; the substance taken up appeared to be identical with the oxid of omichmyle, the coloring matter of urine.

2. Another portion was digested with solution of potassa; it speedily dissolved, and formed a brown yellow solution which frothed on agitation. During the solution it gave off a strong odor resembling that of ambergris.

3. Diluted hydrochloric acid was added to the solution (2) and produced an abundant pale yellow precipitate; this was well washed, and the liquid—

4. —passed through the filter was pale yellow. On the addition of the hydrochloric acid, the musky odor disappeared, and was replaced by a smell of honey; this last was probably owing to the mucus contained in the calculus; for mucus, as Chaptal observed, gives a smell resembling honey, when treated with potassa and hydrochloric acid.

5. The precipitate (3) was again dissolved in potassa, and gave a solution similar to (2). It was decomposed by hydrochloric acid, and the precipitate well washed; the residual liquid was colorless, and contained only a trace of organic matter. From its appearance, and properties, intermediate between a fat and a resin, it was named alipharic* acid.

6. The solution (4) was evaporated, and found to contain a very small quantity of coloring matter derived from the urine.

7. A third portion of the calculus was boiled in strong alcohol; it was dissolved, with the exception of a few flocks of mucus. The solution would pass through the filter only while heated. As it cooled, it deposited some aliphario acid, while the coloring matter, and a considerable portion of the aliphario acid, remained in solution.

Aliphario acid forms a pale-brown, very bulky powder, which adheres to everything with which it comes in contact. Its structure, when examined by the microscope, is perfectly amorphous, nor have any attempts yet made to procure it in a crystalline form been successful. It is deposited as a thin coating resembling varnish, when the alcohol or ethereal solution is evaporated. At a temperature of about 250° F. it freezes without decomposition into a brown resinous mass, which splits on cooling: at a higher temperature it is decomposed with a peculiar odor resembling benzoin, leaving a voluminous carbon. The products of this decomposition have not yet been examined.

Salts of Aliphario Acid.

Aliphario acid dissolves readily in the alkalies, forming yellowish-brown solutions, without any alkaline re-action, which possess a nauseous, and faintly bitter taste. These solutions are decomposed by acids, which precipitate the aliphario acid as a crude mass. On evaporation, the salts are left in a transparent gummy state, without the slightest appearance of crystallization.

Alipharate of Baryta is formed when nitrate of baryta is mingled with alipharate of potassa; but as it is somewhat soluble in water, no precipitate, appears, unless the solutions be concentrated. It may also be formed by boiling aliphario acid with baryta water, and forms a white precipitate, which is decomposed by acids.

Alipharate of Lead falls a yellowish-white flocculent precipitate, when acetate of lead and alipharate of potassa are mixed.

Alipharate of Potash heated with hydrate of potash gives no trace of ammonia, the acid is therefore free from nitrogen.

Action of Nitric Acid.

When aliphario acid is placed in contact with nitric, it softens and becomes semi-transparent; if heated, it dissolves with disengagement of red fumes, forming a bright orange solution, which becomes turbid on cooling; as the acid evaporates, a fusible yellow substance collects on the surface. When water is added to the solution a still further quantity is obtained; it was washed, and collected on a filter. This is Nitro-aliphanic acid.

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* αλειφαρ, adeps.

Nitro-aliphanic acid is a bright yellow, perfectly amorphous powder, slightly soluble in water, more easily in alcohol and ether. When heated in a water bath it fuses into a yellow liquid, which congeals into a resinous mass resembling gamboge. While soft, it can be drawn into threads.

This acid dissolves easily in potassa and ammonia, with a musky odor, forming a rich orange-colored solution; on evaporation the salts are left as gummy masses. The solution gives no precipitate with nitrate of baryta, but a very voluminous bright yellow one with acetate of lead.

Concentrated sulphuric acid colors it brown; by the addition of water it is separated again, mixed with a small proportion of carbon. The nitro-aliphanic acid burns with a bright yellow flame, with no smoke; when heated with hydrate of potash it gave traces of ammonia, and therefore contains nitrogen derived from the nitric acid used in preparing it.

Action of Sulphuric Acid.

Aliphanic acid, heated with sulphuric acid, is dissolved with slight evolution of sulphurous acid, forming a dark brown fluid, from which water separates a greenish brown, soft, resinous mass, which assumes a fine purple color when exposed to a gentle heat. It dissolves easily in alcohol and ether.

At the time the above experiments were made, the specimen in Dr. Parker's cabinet was believed to be entirely unique; but in the Chemical Gazette published Nov. 15th, 1845, there is an extract from the Archiv. für Physiolog. und Pathol. Chem., 1845, which contains an account of a substance extracted from the bladder of a patient by Dr. Heller, which he names Urosteatite. This substance has many of the properties of aliphanic acid, and also gives a balsamic odor when heated. It assumes a purple color when heated, which fact was probably owing to some change exerted by the sulphuric acid used in its extraction. This would also account for several other slight differences in the properties of the two substances. There is a very strong probability that they will eventually prove identical. The disease with which Dr. Heller's patient was affected is not apparent, but the treatment employed was the administration of carbonate of soda, under the use of which a small calculus of urosteatite was voided. From the above mentioned work is taken the following description and analysis of the urine of Dr. Heller's patient, as they may lead to the discovery of similar cases:

"The urine, before the use of the carbonate of soda, was of a pale yellow, whey-like color, and inodorous It was slightly turbid, and contained a deposit of large crystals of ammonio-phosphate of magnesia, which speedily subsided. By the microscope, globules of fat were perceptible; the reaction was neutral, and the sp. grav. 1017.5. Ammonia caused a copious deposit of earthy phosphates, without altering its color. No uric acid could be detected in it; it contained in 1000 parts:

Water, ...	965.800
Solids, ...	34.200

Urea,	12.531
Fat,	.320
Extractive and Muriate of Ammonia,	8.569
Fixed salts,	12.680
	34.200

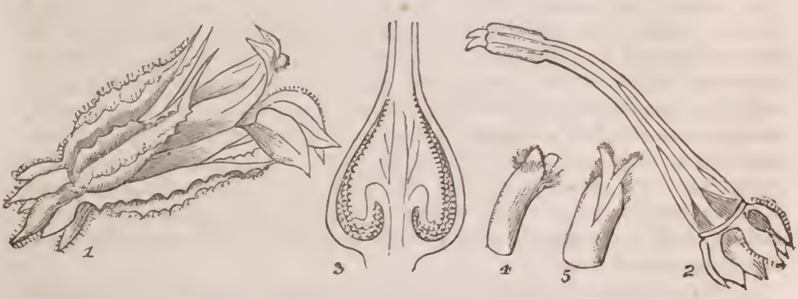
For further details, the reader is referred to the *Chem. Gaz.* for Nov. 15, 1845.

Art. V.—*Indigenous Medical Botany, No.* 3. By Stephen W. Williams, M.D., Late Professor of Materia Medica, Deerfield, Massachusetts.

The Lobelias.

The genus of plants called Lobelia belongs to the 5th class and 1st order of the Linnæan system, and to the natural order Lobeliaceæ, or the Lobeliads; which, according to Lindley, embraces 27 genera and 375 species.

The *Lobeliads* are Herbaceous plants or shrubs, with milky juice. Diagnosis: *Campanal Exogens, with a two or more celled ovary, syngenesious anthers, a stigma surrounded by hairs, and a valvate, irregular corolla.*



LOBELIA SYPHILITICA.

1. An entire Flower.—2. The Stamens.—3. Perpendicular Section of the Ovary.—4 and 5. Stigmas.

The leaves are alternate, without stipules. Flowers axillary or terminal, calyx superior, five lobed or entire. Corolla monopetalous, in æstivation somewhat valvate, irregular, inserted in the calyx, alternately with the lobes of the corolla; anthers cohering; pollen oval; ovary inferior, with from one to three cells; ovules very numerous, either attached to the axis, or parietal; style simple, stigma surrounded with a cup-like fringe. Fruit capsular, one or more celled, many-seeded, dehiscing at the apex. Seeds attached either to the lining or the axis of the pericarp; embryo straight, in the axis of the fleshy albumen; radicle longer than the cotyledons, pointing to the hilum.

The plants of this Order at first sight appear to be very different from *Composites*, but they in fact participate in all the analogies of *Bellworts*, and perhaps are yet more nearly related to *Composites* even than that order, especially in their syngenesious anthers, and in the irregularity of their corolla, which is split so that the segments cohere on one side, like the five segments which make up the legulate floret of a Composite. The stigma is surrounded by hairs, which are probably analogous to the collectors of Bellworts, to which *Lobeliads* approach closely, as well as to *Goodeniads*, whose indersium and induplicate corolla offer the main features of distinction. The *Clintoneæ* are remarkable for a one-celled ovary with parietal placentæ; a few species have polypetalous flowers, and one species of Lobelia is said to be diœcious. Unlike *Bellworts*, these seem to prefer countries, within or upon the border of the tropics, to such as have a colder character. We find them abounding in the West Indies, Brazil, the Himalayan region, the Cape of Good Hope, and the Sandwich Islands; and they are not uncommon in Chili and New Holland. All the species are dangerous or suspicious, in consequence of the excessive acridity of their milk. *Siphocampylus Caoutchouc* is so named by the inhabitants of Popayan from the tenacity of its juice. *Tupa Feuillæi* yields a dangerous poison in Chili. *Isotoma Longiflora*, a native of some of the West India Islands, is one of the most venomous of plants; the Spanish Americans call it *Prebenta Cavallos*, because it proves fatal to horses that eat it, swelling them until they burst; taken internally, it acts as a violent cathartic, the effects of which no remedy can assuage, and which end in death; the leaves are active vesicants.—*Lindley.*

According to the new Edinburgh Encyclopædia, ninety-five species of Lobelia are known; but one hundred and fifty according to the Encyclopædia Americana, fifteen of which, at least, grow in the United States. Several of these, such as *Lobelia syphilitica*, *L. cardinalis*, *L. claytoniana* and *L. inflata*, are medicinal. This genus of plants, of which, according to Wm. B. S. Barton, the *Scævola* of Linnæus was the original type, was dedicated by Father Plumier to Mathias de Lobel, who, according to the Encyclopædia Americana, was born at Lille in 1538, and died at Highgate, near London, in 1616. After him this family of plants has been named. All the numerous species are poisonous, some of them peculiarly so. This genus of plants is distinguished by labiate corolla, with five stamens united in the form of a tube or cylinder, as in the compound flowers.

1. The *Lobelia syphilitica* has large blue flowers, growing in the form of a spike; it is very common by the roadside, and in the woods. It is a very acrid and nauseous plant, yielding a milky fluid, which was formerly deemed diuretic, cathartic, emetic, and anti-syphilitic. It derived its name *syphilitica* from its supposed efficacy in the cure of syphilis, as pointed out by the Indians of North America, who thought it to be almost a specific in that disease. They kept it secret for a long while, and afterwards sold it to Sir William Johnson, and from him it has been copied by various authors, almost to the present time. Those who are curious in investigating the subject will find a full account of it in the American Medical Lexicon, New York, 1811. Of late, however, it does not answer the high encomiums which have been bestowed upon it, although not destitute of power, as it contains, according to an analysis of it in France, a new substance similar to *butter*, *sugar*, *mucilage*, *&c.*, besides traces of *amaine*, *silex*, *iron*, *muriate and phosphate of lime*, *lignin*, *&c.* (Rafinesque). Its properties are somewhat similar to *Lobelia inflata*, though it is a by far less active poison.

2. The *Lobelia cardinalis*, or cardinal lobelia, or cardinal flower, has

most splendid scarlet blossoms, and is one of the most beautiful plants in the vegetable kingdom. It grows in low grounds, along the banks of streams, throughout the United States. On account of the great beauty and brilliancy of its flowers it has been transplanted into European gardens, and it has been a great favorite there among floriculturists for more than two centuries. By the Cherokee Indians the root has been considered anthelmintic, and similar in its properties to the Carolina pink root. They also use it as an anti-syphilitic, but, like the former plant, it is not much used for this purpose by regular practitioners. This, too, has similar properties with the *Lobelia inflata*, but it is also less poisonous.

3. The *Lobelia claytoniana* is thought by many to be diuretic, but I cannot learn that it is much used in medicine.

4. *Lobelia inflata*. I am sensible that much has been said upon the subject of this plant, and that it may appear to some to be a hackneyed one, and that any further observations upon it may be irrelevant, and perhaps impertinent; but in a series of essays upon medical botany, I do not feel disposed to pass over an article which is now so much employed both for weal or for woe. I am far, also, from believing that all has been said upon it which may be said with profit and advantage. Many erroneous notions are still prevalent upon it, and much discrepancy of opinion prevails among regular physicians, in relation to the medical properties of this "*divine remedy*" of the Thomsonians. While some physicians refuse to employ it at all, on account of the extravagant encomiums and empirical abuse of it by an illiterate set of pretenders, others agree that, in certain complaints, under judicious management, it is a valuable medicinal agent. My object, in my remarks upon this subject, is to endeavor to rescue it from the undeserved praise which is bestowed upon it by charlatans, and to place it in that rank in the Materia Medica, to which it justly belongs. If in my own remarks I should appear to be severe upon the worshippers of the "divine remedy," it is because I hold uncompromising and never-ending hostility with every species of quackery and imposture. The regular, scientific physician can hold no communion with any order of self-dubbed physicians, or with any of the *pretenders* to knowledge in our noble profession. None but regularly bred, thoroughly educated physicians, who make no pretensions to mysticism, can claim fellowship with the learned and honorable in our profession.

The true English name which I would wish to have affixed to the *Lobelia inflata*, is *Devil's pepper;* called also *Indian tobacco*, *Emetic weed*, *Poke weed*, *Asthma weed*, *&c*. The appropriate English name of *Devil's pepper*, I believe, was given to it by my late father, Dr. William S. Williams, of Deerfield. He was riding with a pupil about 45 years ago, when he observed a specimen of this plant. His pupil asked him if he was acquainted with the properties of it. Upon informing him that he was not, he requested him to taste it, which he did. He just bit one of the capsules, and observed that it tasted insipid as water. His pupil requested him to chew it fine, which created such a long continued, burning sensation in his mouth, that he called it *Devil's pepper*, by which name it has been known in this region ever since. The Devil's pepper is to be found all over the United States, in the fields, and in the woods, and by the roadsides; it blossoms from July to November. The capsule is two celled, full of very minute seeds.

When eaten by cattle or horses, it produces the *slivers* (commonly called slobbers), from its salivating them like mercury in the human constitution, and hence it may produce the same effect in men, for it is in some respects a more powerful and dangerous medicine than calomel.

The founder of the steaming system of medicine, if system it may be called, Samuel Thomson, according to Rafinesque, claims in his Guide to have discovered the virtues of this plant, not far from the year 1790. But the Indians were previously well acquainted with some of its properties; it was one of their puke-weeds used to cleanse the stomach and head in their great councils. Thomson depends almost altogether upon it, in his new and singular practice of medicine, borrowed chiefly from the puking and steaming practice of the Indian tribes. (*Rafinesque.*) The Rev. Dr. Cutler, in a memoir upon the medicinal plants of Massachusetts, published in the Transactions of the American Academy of Arts and Sciences, nearly as long ago, I think, for the volume is not now before me, as the year 1790, speaks of the great benefit he received from taking a saturated tincture of the leaves of the plant in a dose of a tablespoonful, two or three times, till vomiting was induced, in a case of asthma. Other physicians since then, have been equally successful in this complaint, with less doses. When it is given, however, for the purpose of inducing vomiting, if that effect is not speedily induced, indescribable distress, and even death, have frequently been occasioned by it. I consider it to be more efficacious in asthma than in almost any other affection. In combination with equal parts of tincture of myrrh, and of tincture of digitalis, I have frequently given the tincture of it with success, in teaspoonful doses, in cases of asthma. I once knew a patient, not my own, a most valuable member of society, most severely injured by taking a larger dose than a teaspoonful. I doubt whether he ever recovered from the effects of it. At any rate, he never recovered from that sickness. It is sometimes used by regular physicians, in spasmodic cough, tetanus, strangulated hernia, spasmodic affections generally, and several other complaints. The Thomsonians use it almost indiscriminately, in almost all the complaints to which the human frame is liable.

Properties of the Lobelia inflata.—Orfila, Beck, Bigelow, Barton, Lindley, Pereira, and others of the best medical writers, who have deeply investigated the subject, agree that it is a *violent irritative, acrid, and narcotic poison.* It is a violent emetic, and long, severe, and distressing sickness often follows the use of it. Rafinesque says, "it is one of the most powerful narcotic, expectorant, anti-spasmodic, sudorific, diuretic, and sialogogue vegetables. In its effects it acts very much like tobacco, but the action is more diffusible, speedy and short, visibly affecting even those who are accustomed to tobacco. In large doses, it is a deadly narcotic, like tobacco and henbane, producing alarming effects, continued vomiting, trembling, cold sweats, and even death. It appears to act on the brain rather than on the stomach, as usual with narcotics, and is, therefore, dangerous in practice, unless *prescribed with great care and caution.* In strong doses it produces great relaxation, giddiness, headache, debility and perspiration; in moderate doses it produces sickness in the stomach, and vomiting; a prickly sensation through the whole system, acting, therefore, on the nervous system, it being a very diffusible stimulant. The practice of Thomson to use it in everything—fevers, consumption, measles, jaundice, &c , is preposterous. It is not even a proper emetic in common use, as we have so many much milder, and therefore preferable in most cases. In consumption it is baneful, because it prostrates the patient without relieving the symptoms. It is, however, the base of many quack medicines for consumption, which are violent and dangerous; they are commonly called Indian specifics, the Indians having no specific for the disease, but merely palliatives. One single grain of it is sometimes sufficient to produce an emetic effect."

One word in relation to employing Indians, and Indian remedies, for the cure of the complicated diseases of civilisation. All their diseases are simple, and are cured by simple remedies. They know nothing of the diseases induced by the effeminacy and luxury of civilisation, and consequently are not fitted to prescribe for them.*

Lindley, one of the most competent foreign writers, calls it an acrid narcotic, and most powerful emetic. In doses of a teaspoonful of the seed and leaves, in which quantity irregular practitioners have been in the habit of giving it, it frequently, he says, proves fatal in five or six hours. It has been used instead of tobacco, in the form of enema in strangulated hernia.—(*Flora Medica.*)

Pereira says of all the lobelias, they are "dangerous or suspicious plants; mostly acrids, or acro-narcotics;" and of the *Lobelia inflata* in particular, "in excessive doses, or in full doses too frequently repeated, the effects of it are those of a powerful *acro-narcotic poison.*" Its effects, he says, according to Wood in the United States Dispensatory, are "extreme prostration, great anxiety and distress, and ultimately death, preceded by convulsions." Pereira states, that "Lobelia is probably applicable to all the purposes for which tobacco has been used." No one can doubt but that tobacco is a narcotic poison.

Dr. Barton of Philadelphia, one of our ablest botanists, in his vegetable Materia Medica, or Medical Botany of the United States, with colored plates, published in the year 1817, agrees with Bigelow, Eberle, and others, in saying that Lobelia Inflata is decidedly one of the most active of our native vegetables, and since poisons are, generally, under judicious management, good medicines, the Indian tobacco seems to have an undoubted right to a place in our Materia Medica. When given with a view to empty the stomach, it operates vehemently, and speedily, producing, however, great relaxation, debility, and perspiration. It is considerably narcotic. It is manifest that the plant is sufficiently deleterious to produce dangerous consequences to the system, if administered without great caution. Not only horses and cattle have been supposed to be killed by eating it, but a remarkable instance of its deleterious effects on the system, is related in the report of a trial of a notorious empiric in Massachusetts, who used the Lobelia to a pernicious extent as a nostrum. This daring and ignorant man is said to have usually prescribed it, and frequently with impunity, in the dose of a common teaspoonful of the powdered seeds or leaves, and often repeated. If the medicine does not puke, or evacuate powerfully, it frequently destroys the patient, and sometimes in five or six hours. (Vol. I., p. 188.) And yet this *harmless*, *divine remedy* is not in the least poisonous! *Credat Judæus !*

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* In a recent visit to the Indian settlements on Lake Superior. we found consumption to be one of the most fatal and common diseases to which the natives are subject. We were called to prescribe for several Indians. both young and old, laboring under the tubercular form of the disease, and in different stages of it. If the remark of Dr. Rush had been intended to apply to the Indians, in their rude state, unacquainted with alcoholic stimulants, and other causes of disease, so prevalent among the whites, it is erroneous; for the disease prevails universally among them. But the remark is unqualified: "Pulmonary consumption," he remarks, "is unknown among the Indians in North America."—(*Med. Inquiries*, Vol. I., p 37.)—*Ed. N. Y. Jour. of Med.*

Beck says, "Horses and cattle have been killed by eating the plant." He also classes it among the poisons. (Med. Jurisprud., vol. ii., p. 289.)

Bigelow observes: "The Lobelia is a prompt emetic, attended with narcotic effects during its operation. If a leaf or capsule be held in the mouth for a short time, it brings on giddiness, headache, a trembling agitation of the whole body, sickness, and finally vomiting. Its effects are like tobacco in those unaccustomed to it. If the dose be large, it brings on dangerous symptoms. On account of the violence of the operation, it is probable that this plant will never come into use for the common purposes of an emetic. On account of the *harshness of its operation*, it is reluctantly resorted to by patients who expect relief by milder means." (Sequel, p. 248.)

Dr. Thacher—

"From some of its effects, says an eminent physician, lobelia seems to be related to some of the narcotic plants; its stimulus seems to be of the diffusible kind, as Dr. Cutler, on taking it, experienced an irritation on the skin over the whole body. It is, probably, one of the most powerful vegetable substances with which we are acquainted, and no rational practitioner will have recourse to it, but with the greatest precaution. It has proved fatal in the hands of a noted empiric."—*Dispens., 2d edit.*

"The prominent virtues of this medicine (Lobelia inflata) are those of an emetic. It is too active, however, to be given with safety in the present state of our knowledge with this intent."—*Eclect. Dispens.*, 1827 edit., p. 202.)

"The lobelia inflata is now employed by the steam doctors of the western country, and is part of their treatment in all diseases. Its activity is so great, that it should always be given with great caution."—*Ellis's Med. Formulary.*

"*Lobelia inflata*, a quick and violent emetic, attended with distressing nausea, great prostration, copious retching, and occasionally with purging. A hazardous remedy, and only adopted as an emetic to spasmodic asthma, and to facilitate the reduction of strangulated hernia, for which last purpose it is as useful and safer than tobacco."—*Paine, Mat. Med.*

We could go on in our quotations from medical writers almost *ad infinitum*, to show the narcotic and poisonous effects of this article, but the above, we think, is sufficient to satisfy the candid and reflecting mind. Still the steamers insist that the article is not poisonous. What constitutes a poison? See what Dr. John Gordon Smith of England, one of the most learned medical jurists in the world, says upon this subject: "Poisons may be defined substances which being injected into the living animal system in small quantities, produce deleterious effects, and if given to a certain extent, occasion death." What human being then, in his sober senses, with all these facts and authorities staring him in the face, can deny that the Lobelia is a poison of the most dangerous character, and in the hands of the ignorant and illiterate self-created and patent-made pretenders, is a two-edged sword which has destroyed and will continue to destroy its thousands of unsuspecting victims. If these facts, and innumerable others that might be produced with the greatest ease, are not sufficient to satisfy any reasonable being of the poisonous quality of the lobelia, neither would they be convinced, though an angel from heaven should assert the same thing; and we might as well attempt to reason with maniacs.

Is not, then, that community duped and gulled, who commit the charge of their lives and health to the keeping of ignorant men, who act under a pretended *secret* patent-right to deal out one of the most dangerous articles of the materia medica; and men, too, who are often ignorant of the first principles of science, and who are interested in endeavoring to build up their own reputation upon the ruin of men of knowledge and information? The answer will be readily given by any candid man. No wonder, where such a system prevails, that regular physicians have so great an amount of business.

Two remarkable trials, at least, have been had in this country, for murder and for manslaughter, with this article. The first was against Samuel Thomson, to which I have more than once alluded in this paper, for murder, in 1809. The other against a Mr. Frost, of New York, for manslaughter, in December, 1837. Thomson was acquitted on account of the defect in our laws. The following is the close of the charge of that ornament of our bench, Judge Parsons, on this memorable trial, and it ought to be written in letters of gold.—" It is," says he, " to be exceedingly lamented, that people are so easily persuaded to put confidence in these itinerant quacks, and to trust their lives to strangers without knowledge or experience. If this *astonishing infatuation* should continue, and men are found to yield to the impudent pretensions of ignorant empiricism, there seems to be no adequate remedy by a criminal prosecution, without the interference of the legislature; if the quack, however weak and presumptuous, should prescribe with honest intentions and expectations of relieving his patients." The verdict, in the case of Frost in New York, was a most righteous one. It brought him in guilty of manslaughter in the fourth degree, but the jury recommended him to mercy. This mercy might have been considered a greater punishment than if he had been condemned.

The *Lobelia inflata* yields its active properties readily to water and alcohol. Water distilled from it, according to Mr. Proctor, has the odor of the plant, without its acrimony. Mr. Proctor found the plant to contain an odorous volatile principle, probably volatile oil; a peculiar alkaline principle named *lobelina;* a peculiar acid first noticed as distinct by Pereira, called *lobelic acid;* besides gum, resin, chlorophylle, fixed oil, lignin, salts of lime and potassa, and oxide of iron. The seeds contain at least twice as much of lobelina, in proportion, as the whole plant, which yielded only one part in five hundred. They contain also thirty per cent. of a nearly colorless fixed oil, having the drying property in an extraordinary degree. *Lobelina* was obtained by Mr. Proctor from the seeds by the following process. The seeds were treated with alcohol acidulated with acetic acid, until deprived of their acrimony, and the tincture was evaporated; the resulting extract was triturated with magnesia and water, and, after repeated agitation for several hours, the liquor, holding lobelina in solution, was filtered; this was then shaken repeatedly with ether until deprived of acrimony; and the ethereal solution, having been decanted, was allowed to evaporate spontaneously. The residue, which had a reddish brown color, and the consistence of honey, was deprived of coloring matter by dissolving it in water, adding a slight excess of sulphuric acid, boiling with animal charcoal, saturating with magnesia, filtering, agitating with ether until this fluid had deprived the water of acrimony, and finally decanting, and allowing the ether to evaporate. Thus obtained, *lobelina* is a yellowish liquid, lighter than water, of a somewhat aromatic odor, and a very acrid, durable taste. It is soluble in water, but much more copiously in alcohol and ether, and the latter fluid readily removes it from its aqueous solution. It has a decided alkaline reaction, and forms soluble and crystallizable salts with sulphuric, nitric, and muriatic acids, and a very soluble but not crystallizable salt with acetic acid. It forms an insoluble compound with tannic acid, which instantly precipitates it from its solution. By a boiling heat it is entirely decomposed, losing all its acrimony; but, when combined with acids, it may be subjected to ebullition with water without change. Mr. Proctor introduced a grain of it diluted with water into the stomach of a cat, which became immediately prostrate, remained for an hour nearly motionless, with dilated pupils, and had not recovered wholly from the prostrating influence of the poison at the end of fifteen hours. It did not occasion vomiting or purging. There can be little doubt that it is the narcotic principle of lobelia. *(Am. Jour. of Pharm.*, ix., 105, *and* xiii., 1.) The late Dr. S. Calhoun of Philadelphia was the first to announce the existence of a peculiar active principle in Lobelia, capable of forming salts with the acids; but he did not obtain it in an isolated state. An important inference from the effects of heat upon lobelina is that, in any of the preparations of lobelia, the plant should never be heated in connection with a salifiable base.—*Wood & Bache.*

Besides the species already mentioned, there is a rare European species, (5) L. *urens*, which derives its name from its blistering quality: also the (6) *kalmii* (Wildenow, an American species, described by Barton, *Med. Bot.*, vol. i., p. 122), and by Nuttall under the name of L. *gracilis.* This is a very variable species, different specimens differing considerably from each other, so as to be mistaken for different species. Besides these, we have the (7) L. *Dortmanna* (*water gladiole*), growing in fresh water ponds and deep swamps; the (8) L. *Puberula* (Mich.), which is found in Pennsylvania and Maryland, and flowers in September. These are all the species which are described by Torrey in his "Flora of the Northern and Middle sections of the United States."

The regular pharmaceutical preparations of Lobelia may be found in Pereira's Materia Medica, Thomson's do., Dunglison, Ellis, the Eclectic Dispensary, Thacher, Paine, Bigelow, Wood and Bache, the Philadelphia Journal of Pharmacy, Rafinesque, and every other modern materia medica writer in the Union. The empirical, in Thomson, Smith, the patent for making steam doctors, and every two-penny herbal which is hawked about the country by petty shopmen, for the purpose of making every man his own doctor.

Deerfield, Mass., Aug. 1, 1846.

[In the May Number of our Journal, we inserted an Obituary notice of Luther Ticknor, M. D., late President of the Connecticut State Medical Society. It is contemplated, at an early period, to publish a memoir of this lamented physician, embodying his published and posthumous writings; in the meantime we shall occasionally give to our readers, some of the latter which have been placed in our hands, believing that they will gratify as well as instruct. The following remarks were made to a Lyceum, or Scientific and Literary Association, in the town of Salisbury, Connecticut, of which the deceased was an active member. They were doubtless prepared in haste, as all his writings were, and thrown off on the spur of the moment, with no thought whatever of publication.—*Ed. New York Jour. Med.*]

Art. VI.—*Remarks on Physical Education.* By Luther Ticknor, M. D., late President of the Connecticut State Med. Society.

I propose to offer a few remarks upon physical education, merely to occupy a few moments of your time, and not, as I believe, to answer your expectations. It is intended they shall possess one excellence, however, I mean brevity.

By physical education, is more commonly understood all manner of causes and circumstances that bear a part in the rudimental formation, future development of structure, and perpetuity of harmonious action among all the functions of mind and body, which is denominated health. But I cannot, in justice to my own feelings, avoid a consideration of those moral causes, whose influence upon the physical condition of man is too obvious to escape even superficial observation.

Since no given quantity of bones, muscles, nerves, blood-vessels, brain, fat and viscera (organs, I mean), make a man, we shall consider him a vitalized being, possessing a certain form, with proportions duly adjusted, and having so much power and authority over the animal, vegetable and mineral world, at least, as to minister to his own wants, and the wants of others. Again; the chemical elements which are yielded by the various structures of the human body, those destructive processes known to chemistry, have not yet been, and probably never can be, made to unite in such proportions, as to produce any one of the structures which are met with either among the solid or fluid portions of a living man. Hence the almost, perhaps quite universal admission of a "vital principle;" by which I mean that inherent property in the seeds of plants, and eggs of insects, which resists their decomposition for years and centuries, and under circumstances favorable for such a display of Almighty power, becomes active, and elaborates into a perfect representative of the parent plant or animal. It is that, which, a few hours after exposure to a given temperature, produces in the egg a clot of blood, and subsequently vessels, various organs, and in a few weeks or months a happy imitation of the parent bird. Do you ask what this principle is? whether spirit or matter? The wise and the foolish, the learned and the unlearned, are about equally informed on this subject. We are only acquainted with its effects, and *here* our knowledge is very limited. Though subject to disturbing causes, acting with very unequal energy and accuracy, in various organs and members of the body, yet, certain it is, that there are limits which it can never transcend. Though the body may rise in stature with varied degrees of rapidity, yet the growth of the solid parts of the body cannot be made to advance after a certain age, nor be preserved in full vigor much beyond a certain period of life by any means yet discovered; and those proud patriots, philosophers, physicians, philanthropists, madcap socialists, and fanatical religionists, who expect materially to affect the longevity of man by any system of dietetics, nostrums, social organizations or incantations, are likely to have their labor for their pains. Notwithstanding the vital principle so far varies in some of its actions, or is varied in its products by circumstances, as never to produce two human beings *alike* in person and character; yet it does guard against the possibility of converting, by any disciplinary measures, a man into a monkey (in form I mean), or a monkey into man.

This vital power, or principle of life, differs in individuals and in families, as to vigor and healthy action, imparting to the immature being parental diseases of body and mind, vicious propensities, acquired appetites and eccentricities of character on the one hand; and on the other, kindly bestowing upon the new being a bias favorable to certain virtues, and a constitution exempt from those prejudices and imbecilities, which entail upon a large portion of the human family, misery, ruin, and premature death.

This may not be an unfit time to offer a few remarks relative to hereditary diseases, and constitutional peculiarities. By hereditary disease, I do not mean a manifestly diseased condition at birth or very soon after birth; but a condition of the vital powers, or a quality of maternal nourishment, which is very certain, sooner or later, to set up disease in the offspring similar to, if not pathologically identical with, that of the parent.

Among those diseases termed hereditary, I will mention only those of more frequent occurrence, such as pulmonary consumption, rheumatism, asthma, gout, cancer, scrofula in all its varied manifestations; but affections of the bones, joints, skin, glands and digestive organs, palsy, apoplexy, hysteria and epilepsy, may also be considered to some extent hereditary. Those morbid conditions of the mind, to which we have alluded as hereditary, are mania, mono-mania, melancholy, hypochondriasis or low spirits, &c. Those vices, whose degrading influence seems (not without exceptions, however) to extend to posterity, are avarice, drunkenness, theft and licentiousness. The hereditary or transmissible character of these vices, I am aware, admits of dispute, but that they are so, irrespective of parental example or precept, I entertain not the smallest doubt; thus exemplifying that awful denunciation of the Decalogue, "I will visit the iniquities of the fathers upon the children, &c." This doctrine is almost susceptible of demonstration, as far as drunkenness is concerned, but, by what change of structure, or peculiarity of organization, this is effected, cannot be known, nor is it important; it is sufficient for practical purposes, if the fact be so.

We here leave the subject of pre-disposition for the present, and subjects connected with the formation of the human body—subjects about which volumes have been written, and concerning which learned men will continue to busy themselves, without affording much satisfaction to inquiries after the "*quo modo*." The period of human life when commences responsibility, and conduct possesses a moral character, probably varies much in different individuals, some children appearing in early life to possess a high sense of right and wrong; others seem to possess little or no conscientiousness at a much later period. This subject properly belongs to another class of professional men, who have bestowed upon it (the speaker being judge), a vast deal of bad logic and questionable theology. The earliest indications of guilt in children are a blush when stripped of their clothing, and a downcast look upon uttering a falsehood. These were the first intimations of guilt recorded in the history of our race. The human infant has been an object of more or less solicitude to all nations, in all ages, whether Christian or heathen, civilized or savage, and has been subjected to all the abusive and absurd treatment which caprice, whim and superstition could invent; and yet, in all this, however, reference has been had to the health and future pursuits of the individual. Passing by particulars, it is sufficient to notice the athletic employments and sports furnished to childhood and youth, by those nations who gloried chiefly in conquests and renown of arms; and the patient endurance of suffering in others, who gloried in stoical indifference to pain. In our estimation, my friends, neither the physical nor intellectual character of our children should receive exclusive attention, but it should be the object of Christian philanthropists, statesmen, physicians, parents and guardians, to cultivate their minds with supreme regard to the highest possible attainment in moral rectitude. Physical training may be said to commence with birth. Atmospheric pressure and temperature, clothing and food, here commence their influence, and begin that series of susceptibilities, developments and changes of structure, which results in the formation of a physical character, more or less perfect. At this point commence our responsibilities; and here should go into operation those measures, if any there be, to counteract hereditary predisposition, to adjust the quantity or correct the quality of nourishment upon which so much depends during the early period of human existence. A case occurred in this town, where three children in succession in the same family, at about six months, became diseased and died, without deriving any benefit whatever from remedies. The mother was healthy, and of correct habits. She was advised, on a subsequent occasion, to wean her little ones at four months. The result has been a healthy family. The animal heat, in early childhood, is sooner dissipated than in adult life, and its supply less abundant; hence children should, up to mature age, wear flannels next to the surface. The extreme parts of the body should be kept warm, invariably from infancy to old age, if health and longevity be worth the trouble. The dress of both sexes should be loose, so loose, as to impose no restraint upon the motions of the body or its members—I wish to be understood on this subject, and so I repeat, *that no motion or attitude, which the body is capable of performing or assuming, can be arrested or prevented with impunity;* for sooner or later, the unhappy violator of nature's laws will be called upon to pay some part of the forfeiture for such infraction. While the other sex are the principal sinners and sufferers in this particular, ours is by no means guiltless; there are many young men so far discipled to a pitiable fashion, as to suffer great inconvenience and impairment of health, so corseted, strapped and laced, as to prevent the growth and healthy action of internal organs; besides affording promise of coming short in anatomical proportions and manly physical powers. Our sisters are the principal sufferers from neglect of the foregoing precept; their change of anatomical proportion, in escaping from youth to women's estate, is much greater than ours, and their duties of life make less imperative demand for extended and varied motions of the body, so that they *can and do learn to endure* the torment of tight dresses with uncomplaining heroism. The ladies will pardon any want of gallantry my remarks would seem to imply. During the growth of the body, not only should tight lacing be avoided, so far as the bony structure of the chest is concerned, but above all things should you eschew a *stricture* an inch or two below the more firm bony structure of the thorax. The morbid conditions arising from too straitened a condition of the waist and abdomen before the body is fully grown (after which I suppose it will not do as much mischief, for strictures will not be borne, I assure you), are pale lips, and otherwise bloodless complexion after a short period ; all those ailments, for ever doctored and never cured, which go to make up that dark-complexioned family called dyspepsia, consumption of the lungs, palpitations of the heart and larger arteries, dropsy of the lower extremities and abdomen, and in short, a large proportion of those ills, for which the healing art can do but little while the cause continues to operate ; for which the vast catalogue of nostrums are provided, and from whose influence none receive much benefit but the venders.

This advice for the hundredth time will be disregarded, and death will continue to number among his victims a vast population of those who, but for the despotism of a disgusting fashion, might have lived to ornament society and gladden the family circle. I here cheerfully dismiss this hackneyed subject, without indulging even a hope that future generations will be much wiser than the present. I will barely suggest as a preventive measure, that parents somehow contrive to convince their daughters, that they actually set a higher value upon mental and moral qualities, than personal decorations and accomplishments.

The next subject worthy of attention is that of diet, embracing food and drink. This is a broad field, and has received a great amount of cultivation within a few years ; but, after giving due credit for a good deal of hypothetical reasoning and analytical demonstration, I think the bluster and sweat of the performers has proved but indifferent husbandry, and laid the public under no great obligation of gratitude.

There cannot be even the appearance of an argument in support of exclusive vegetable diet, derived from the Sacred Scriptures, anatomical structure of the body, configuration of the teeth, functions of the human body, the past experience of mankind or the present condition of societies, families, fraternities and sisterhoods ; but arguments absolutely conclusive in favor of a mixed diet, consisting of animal and vegetable matters, including, of course, fruits of all kinds, are deducible from all of these sources. It is illogical to suppose, since some dyspeptics are benefited by bran bread, that therefore bran bread will prevent not only dyspepsia, but all other maladies. The crusade against tea and coffee can hardly claim a more respectable parentage or support, and yet, upon the score of economy, and, in some cases, of health, water is to be preferred as a beverage.

It is now pretty satisfactorily ascertained that the human body cannot be long sustained in full vigor, capable of continued muscular action, without a supply of a certain element abounding in animal matter, and which is met with in but few vegetable substances, I mean, nitrogen—that substance, which, in the form of gas, forms a large proportion of the atmosphere ; and though we receive it into the lungs at every breath, it is not known to serve any other purpose than to dilute the oxygen, which otherwise would prove suddenly fatal. I believe its absorption by the skin is not proved, if suspected by physiologists. It follows then, that our supply of nitrogen must be derived from animal matter chiefly, it being so sparingly distributed to vegetables. Those structures of animals containing most of this matter, are muscle, skin, tendon, &c., while the fat contains little or none. To anticipate the inquiry, why fat meat is so universally relied upon by laboring men, I remark that the lean flesh of animals goes to supply muscular power, as is evidenced in the preference it receives from the laborers on our railroads, beef being universally preferred to pork; while animal fat affords elements for maintaining the temperature of the body, and is used almost exclusively as food in the colder regions of the earth, while their inhabitants are not, I believe, distinguished for muscular activity. So, then, in a climate like ours, a due mixture of animal fat, in the form of butter, pork, &c., with beef, is probably best; while there is room to suspect that the people of Great Britain owe their superior muscular power to a less proportion of pork in their food. Observation will sustain the assertion, I trust, that we consume fat meat with a higher relish in winter than in summer, thus confirming, or rendering probable the doctrine, that the *lean* flesh of animals is indispensable to long-continued muscular activity.

If the foregoing remarks are true, it follows that milk, which is a happy compound of animal and vegetable elements, is the appropriate food of childhood; and as this state gives place to youth, meat should be allowed at pleasure, without any fears of a dull, stupid son, or a *too* healthy, active, romping daughter. If this inference be just, it exposes the folly of those who would revolutionize the diet of the whole human family, confining them to Graham bread and water-gruel, with a promise of exemption from disease, and a lengthened life to any extent that should be desired. This philosophy can only be accounted for, by admitting what has always been supposed true, that *great learning* extends to the very regions of folly. There can be no doubt, I think, in the mind of an observing physician, that restrictions in diet, limiting the supply of aliment to one or two articles, and watching for symptoms of oppression of the stomach, have occasioned very great damage to constitutional health, and leave a foundation for more fatal diseases than would be likely to occur from the greatest carelessness and ignorance in matters of diet.

This is a fit place enough, though not perhaps the most fitting occasion, to offer a remark or two on the employment of fermented liquor, cider, beer, &c., in connection with our meals. In health, they stimulate the stomach to receive a greater quantity of food than is needed, or properly digested; thereby engorging and ultimately weakening the organ, and impairing at least the delicate quality of its fluids. Notwithstanding this sweeping objection, there are cases, difficult of cure by any other means, which readily yield to a moderate use of some of this class of agents.

The density or pressure of the atmosphere, even where the surface of our country is most elevated, is not so great as to affect very materially our physical condition, but we New Englanders are affected by extremes of temperature, and shall continue to suffer more and more, from generation to generation, from *sudden changes*, as well as from the former. Humidity, probably, has less physical influence than has been supposed. That class of constitutional diseases for which New England is so distinguished, comprises strumous or scrofulous affections, catarrhal affections, or bad colds, frequently, *very* frequently ending like the former, in destruction of the lungs.

The speaker believes there was something in the manners, morals, business habits, diet, amusements, or patriotism of our ancestors, which counteracted or antagonised those influences, which we, their children, have so much reason to deprecate. Pulmonary consumption, which formerly carried off here and there an individual only, and then frequently not until several years after the first invasion, now sweeps off scores of our population, in the short period of eight or nine months, on an average. Though this disease is not often cured, its deadly errand may be postponed, and its painful accompaniments greatly mitigated by medication; yet is it the dread of thousands, and fills many of our dwellings with sorrow from year to year.

Business employments, amusements, intellectual pursuits and culture, and especially moral conduct and character, social relations and empiricism, as affecting the physical constitution of our race, I pass over, considering each one of sufficient importance to occupy a volume. To these may be added, as modifying causes, religion and government.

It is becoming the profession to which the speaker belongs, to note the influence of the above causes, and I shall be happy to give you my thoughts and observations on *some* of these subjects on a future occasion if desired; presuming upon your courtesy and patience no further at present, than to caution you, my friends, against the physical evils, though somewhat remote, almost certain to result from periodical popular excitements, which do not pass over our country innocuously, whether got up for pecuniary, political or religious sectarian purposes.

Periods of high-toned excitement, on subjects connected with the pecuniary interests of nations, communities and individuals, have passed over some portions of the old world like a tornado, subordinating all interests, sacred and secular, prostrating all virtues, both public and private, to our insatiable appetite for a sudden acquisition of wealth, which few can endure with safety; happy would it be for us if the little experience we have already had were not lost upon us. We all remember, and some of us with pain, a period when a sort of mania, incubus or somnambulism, passed over *our* country, which affected every portion of it more or less severely; bestowing a moiety of its malignant influence upon the health and constitutional vigor and integrity of man. Men are the same now, that they were then, and shall *we* escape physical inflictions for this mammon worship! I fear we shall not, and I cherish a belief that even now we are beginning to experience the direct effects of our vast speculations, manifested in a loss of self-respect, mutual confidence, regard for truth, and giving rise to various immoralities whose combined influence upon the animal economy is, to derange the health of both mind and body, thus inducing a predisposition to disease, which, as has been observed, is transmissible to posterity. No habitual vice or virtue affecting the constitutional health, is wholly confined in its physical influence to the generation with which it originated. If the claims of phrenology be admitted, and its disclosures make any portion of physiology, we find no difficulty in the doctrine of hereditary diseases, virtues, and vices.

What shall we say of political excitements, or, through fear of giving offence, shall nothing be said touching their influence upon the human system? I would not invade the rules of the Lyceum; nor would I hazard your respect and confidence, for they are reciprocal, nor severely test your forbearance, for I stand in need of it; but I can hardly suffer this opportunity to pass, without warning you of the danger attendant upon that state of feeling bordering on distraction, which I hope has not reached beyond the incipient stage. No one, I presume, pretends that candor or fair play does even now, or is likely in future, to preside over political debates; or truth and righteousness to characterize electioneering arts and manœuvering. It may be said in reply, and is said, that the arts and management are equally the weapons and resort of both parties, and that truth, justice and honor, are out of the question with politicians; also, that these seasons of excitement tend to purify our political atmosphere, equalize temperature, and to dissipate and dilute those effluvia and exhalations, which accumulate and stagnate in other countries, nourishing and sustaining despotism, oppression, ignorance and servility. "Be not deceived, for whatsoever a man soweth, that shall he also reap." "If ye sow the storm, ye shall reap the whirlwind." If this remains part of our future experience, it may, it surely *will come*, in some form or other, for the God of truth presides over the nations of the earth, building up and pulling down whom he will. If our country were invaded by a foreign foe, or a portion of it in a state of insurrection, these mighty circumstances might justify extraordinary feeling, but not till then. Does any one ask how political excitement can be concerned in producing physical mischief? First, by deranging the healthy circulation o the blood in the heart and head, producing instant death in some cases, chronic disorganizations in others; secondly, it lowers the standard of public morals, which is always necessarily attended by physical suffering—sin and suffering always must stand in the relation of cause and effect. And what is the object of all this excitement? Why, it is some change in the measures of the general government, which, perhaps, *should* be trifling, and *may* be transient. And what is this nation, that affects so much consequence? Why, no more, at most, than a small section of a revolted province in the empire of Jehovah. Now, then, shall truth, justice, love, benevolence, and even humanity be sacrificed to sustain party men or party purposes; shall the plain and oft repeated precepts of our holy religion be disregarded, while we engage in this pitiful man-worship!

ART. VII.—*Case of Ovarian Disease in a female fourteen years of age.*—By H. N. BENNETT, M. D., of Bethel, Conn.

IN the month of April, 1842, Mr. J —— requested me to visit his daughter, then in he fourteenth year, and suffering from profuse menorrhagia. She was of sanguine temperament, light and delicate skin, blue eyes, auburn hair, of the full stature of her age, and decidedly intelligent. Upon inquiring of her mother, I was informed that she had menstruated once or twice, previous to the present period, at an interval of two or three months, the discharge being about as usual. The attack under which she was laboring commenced about 24 hours anterior to my visit, and continued very profuse, so much so, that she began to feel the general effects of loss of blood, being considerably prostrated, and unable to sit in the erect position without fainting. She complained of no pain. Her mother attributed her difficulty to over-exertion, combined with some mental excitement of a religious character. I ordered her the use of acetate of lead and opium, and perfect rest in the horizontal posture. Under this treatment the menorrhagia abated in a few hours, and in a day or two the discharge ceased entirely.

From this time, I was not consulted in regard to my patient, until Sept., 1843. She had in the meantime alternately assisted her mother in her household affairs (her father being a farmer), and attended school. At this time I found her decidedly changed in appearance,—she was considerably emaciated, countenance anæmic, and her features contracted. She had a well marked right lateral curvature of the superior portion of the spine, and complained of pain in the iliac region of the left side. I was informed that she had menstruated but once since the period at which I visited her previously, and that it was profuse, but not to so great a degree as before. Her appetite was poor and capricious, and she frequently rejected her food a short time after taking it. She had no symptoms of pulmonary irritation that I could ascertain. I however auscultated and percussed her chest, but formed no diagnostic opinion in regard to the existence of tubercles, although the respiratory murmur from both lungs appeared to me duller than usual for a female of her age. I attributed her symptoms to the derangement of the generative functions, and placed her upon the use of the ferruginous preparations, recommending at the same time a nutritious diet, to consist principally of good beef and bread, porter as a drink, and carriage exercise in the open air.

She pursued this course for a short time without much amendment, with the exception of a little better appetite and better retention of food upon the stomach. She still complained very much of the pain in the left iliac region, and I began to suspect some organic disease of the pelvic viscera. Upon examination, I found a decided prominence of the left side over that of the right, and was confident I could distinguish the outlines of a deep seated tumor of small dimensions. I could not, however, discover any fluctuation. Taking the train of symptoms which my patient had shown, the profuse menorrhagia at first, her subsequent chlorotic and anæmic appearance, the gastric irritation, the situation of the tumor, &c., I at once diagnosticated a disease of the left ovary, and informed her parents to that effect, at the same time predicting, from the severe constitutional effects already manifested, that it would eventually prove fatal.

As is usual after such a prognosis, the patient soon passed from my hands. She was afterwards treated for a length of time by a Thomsonian, and abandoned as incurable. I was then recalled and found her apparently moribund. She was completely emaciated, almost pulseless, the ovarian tumor much increased in size, and the whole abdomen distended and tympanitic. I simply ordered brandy to be taken internally and sinapisms to the extremities, and left her, supposing a few hours would terminate her existence. In this I was disappointed—the stimulus roused the powers of life, and she began to amend. A few days after, while upon the stool, she discharged *per anum* a large quantity of a purulent fluid mixed with blood, and the tumor almost immediately disappeared.

From this time she apparently improved, and became able to ride out, and I saw little of her till towards the close of June, 1844, a period of three months from the time of the purulent discharge *per anum* and rising two years from her attack of menorrhagia. I was then again called, and found the case terminating evidently by effusion upon the brain. The day before my visit she was brought home from the house of a friend, a distance of several miles, and complained upon the road of dimness of vision, pain in the head, &c. During that night she became paralytic upon one side. Afterwards the pupils became gradually dilated, and she died with all the symptoms of hydrocephalus, evidently the result of extreme anæmia.

Autopsy 18 hours after death. Abdomen the only part examined.—After the section of the abdominal parietes, an inspection of the viscera, *in situ*, presented the following appearances.—The intestines were adherent at numerous points to the parietal sheet of the peritoneum, and upon severing the adhesions and raising the flaps of the abdominal walls, the transverse colon was found bent at a considerable angle, with the apex downwards, and constricted to one half its natural calibre at the summit of the angle. This drawing down and constriction of the colon was found to be produced by a band of the epiploric appendages, which had slipped between the convolutions of the intestines and adhered to the last lumbar vertebra. The liver, with the exception of the left lobe, was very firmly adherent to the walls of the abdomen, and appeared much atrophied. Upon drawing up the intestines the contents of the pelvic cavity were seen completely adherent the one to the other, defying any attempt to dissect the parts accurately. On the left side, however, was seen the ovarian tumor, somewhat larger than a turkey's egg, and, with the exception of its summit, agglutinated to all the surrounding parts. It appeared to involve nearly the whole of the Fallopian tube of the same side. Upon puncturing the tumor at its summit, a small quantity of serous fluid escaped, and laying it open it was found entirely filled with a purulent collection, no vestiges of the texture of the ovary remaining. The walls of the sac were about a line and a half in thickness at its superior or non-adherent portion. Upon the iliac side of the tumor and towards its apex, was a communication with the rectum, of the size of a goose quill, the work of ulceration. Two or three currants, in an undigested state, were found in the purulent fluid of the tumor, which had evidently passed in from the rectum. The patient had eaten some currant pie several days previous to her death. The uterus was very little changed in its texture, and was of the ordinary size for a female of her age. The right ovary normal The whole abdomen showed the marks of former violent peritoneal inflammation.

Reflections.—In the above case it is impossible not to recognize that there existed a close connection between the attack of menorrhagia, for which I was first consulted, and an incipient, but at that time unappreciable disease of the ovary. It is altogether probable that the point of departure was in the ovary, and that the profuse hemorrhage from the uterus was simply the effect of ovarian irritation. I consider this case as illustrative of the opinion, that the function of menstruation depends in a great degree, if not exclusively, upon the ovaries, and upon the regular and periodical evolution of ova. It is not difficult to conceive that the irritation produced in the ovarium by the evolution of an ovum was the first moving power, not only of the menorrhagic attack, but of the ovarian disease itself. The total disorganization which took place, leaves me undecided as to what were the primary pathological changes which occurred in the organ. The constitutional effects of the disease were manifested somewhat early, and show the powerful influence of the generative function upon the economy. It is not surprising that this influence is thus marked when we consider that the development of the organs of generation, and evolution of the germs of new individuals, inasmuch as they provide for the continuation of the species, are the first physiological steps towards death.

The termination of this case by effusion upon the brain, is another instance of the congestive effects of anæmia upon the cerebral organs.

Art. VIII.—*Remarks on some of the Proceedings of the New York State Medical Society, at the annual meeting, Feb.* 1, 1846. By Charles B. Coventry, M.D.

On looking over the "Transactions of the Medical Society of the State of New York" for 1846, I was surprised to find that certain resolutions which were appended to a report made to the society the previous year by N. S. Davis, as chairman of a committee, were adopted by the society, and a committee appointed to submit them to the county societies for their approbation. The two important resolutions, and the only ones which I shall notice, are the following:

1. *Resolved,* That every candidate for license to practise physic and surgery should be required to give evidence to the board by whom he is examined, that he has received a good academical education, and that he has studied physic and surgery not less than four years with some regularly licensed physician: that he possesses a competent knowledge of physic and surgery; that he has personally assisted in the dissection of at least two good anatomical subjects under the direction of a regularly educated physician, or in some incorporated medical College in this State; that he be practically acquainted with botany, and has presented the board with an essay on some medical subject written by himself; and that he is twenty-one years of age, and of good moral character.

2. *Resolved,* That a board of censors, to consist of not more than five from each of the censorial districts, be chosen, the choice to be made from candidates who may be nominated by the county medical societies composing the respective censorial dictricts, by a majority of the votes of all the members of the State Medical Society present and voting at any annual meeting thereof. The term of office of each censor in the respective censorial districts to be determined at the first election by lot, and thereafter the vacancy of one in each censorial district to be filled by the State society at its annual meeting; seven of said court of censors to constitute a quorum for the transaction of business, to meet at such times and places, and be governed by such rules and regulations, and receive such compensation for their services as the State Medical Society shall from time to time direct. The board of censors there constituted shall examine all candidates for licenses to practise physic and surgery, and to such as are found qualified agreeably to the requirements of the preceding resolution, it shall be their duty to grant a license to practise physic and surgery under the auspices of the society, after filing their certificate as now required by law. Said board may also examine such candidates for the degree of Doctor of Medicine as have been practitioners of medicine in good standing for at least

five years, and by a vote of two thirds of the board of examiners present, may recommend such candidates to the Regents of the University as suitable persons on whom to confer said degree. Each person licensed, to pay to the president of the board of censors, for the use of the society, twenty-five dollars; and each person who is recommendsd as entitled to the degree of Doctor of Medicine, to pay as aforesaid the sum of thirty-five dollars, and no license to be granted or degree conferred, until said fees are paid. And that said board annually report their doings to this body, and all laws relating to granting licenses to practise physic and surgery, and to conferring the degree of Doctor of Medicine in this State, inconsistent with the above regulations, to be repealed.

The above resolutions having been adopted by the State society, and submitted to the county societies for their approbation, it is reasonable to infer, that if sanctioned by the county societies, they are to form the basis of application for future legislation, and are expressive of the sentiments of the State society. The ostensible object is *medical reform:* but the county societies, and the individual members of the profession, may ask, why we are called upon to abandon a system which has been in successful operation for forty years: a system, by which the profession has been elevated from a state of chaos to its present high position, and under which the profession has gone on improving;—one in which the qualifications of those admitted to the profession depend upon the profession itself.

As the resolutions themselves contain no reasons for such important changes, we are compelled to seek for them in the report of the chairman of the committee. Here we find an abundance of assertions as to the present degraded condition of the profession, and the facilities with which licenses are procured. Now these assertions may or may not be true: they certainly are not self-evident propositions, and we have searched in vain in the report for any proof of their truth. If they are not true, the semi-official endorsement of the State society, by adopting the resolutions, can give them no additional weight. We will, however, examine the reasons in the order in which they are presented. The report says:

"What then are the evils of which we complain? We answer—first, there is no uniformity in the standard of attainments required of the candidates for admission into the profession. These numerous boards contain more than 250 physicians. Many, if not most of them, are chosen by their respective societies, more on account of the convenience with which they can come together, than for their fitness for the important station. While one board may be faithful in the discharge of its duties, another may be lax and indifferent, looking but little beyond the certificates indicating that the candidate has studied the term required by law; and the fact that he has the means of paying the necessary fees."

Whether this be true, or not, the county societies must be the best judges; we can only say, it is contrary to our own experience. If the censors are qualified and faithful in the discharge of their duty, it is difficult to conceive that there could be such a discrepancy as to give rise to much injury. We certainly have heard of no complaint on this account. The favorite objection of the chairman is the *venality* of the examiners. The report says:

"Second, the *pay* of these various boards is made to depend entirely on the fees derived from the candidates, whom they license. They may find them but half qualified, and readily acknowledge they ought to be rejected.

> But, thinks the censor to himself, there are their certificates, showing that they have studied the time required by law, and if we refuse to license them, *we lose our day's work* besides our expenses, and after all, they are about as well qualified as some that are already in the profession. Hence we will give them a license with some admonitions about further studies (as an anodyne for the conscience), and if the community do not like them they can refuse to employ them. That such thoughts and feelings do arise in the minds of the censors under the circumstances as mentioned, will be apparent to every one *who carefully notes his own mental operations.*"

We have no objection to the chairman's expressing his own views, and giving his reasons, but we do protest against his setting up his own standard of moral rectitude as that of the profession. So far from such views being "apparent to every one," we believe that nine out of ten of those entrusted with the responsible duty of censor, would spurn with indignation the imputation that the paltry consideration of two or three dollars would make them unfaithful to their trust. Certainly in some, and we believe in many of the counties, the censors receive no compensation for their services; what then becomes of this slanderous imputation? It seems, the Medical Colleges are equally amenable to this charge; that they are even beset with stronger temptations, and are, if possible, more corrupt. The report says:

> "If pecuniary considerations are brought thus to bear on the censors, they are no less direct and powerful on the medical colleges. The multiplicity of these institutions makes it necessary for them to make the most of every resource to sustain themselves, and the fee of twenty or twenty-five dollars from every graduate makes no small item in their income, particularly if they can contrive to swell the list to twenty-five or thirty-five to each college annually. This, together with the natural desire on the part of the college to make as fair a show of prosperity as possible, and at the same time hold out as strong inducements as may be for the students to attend, contributes not a little to that laxity in examinations, which permits numbers annually to enter the profession, who have scarcely as much medical knowledge in their heads as is contained on the face of the parchment unworthily received from their Alma Mater."

As the above is unsustained by any evidence, it can only be received as the views of the chairman, and as indicative of what would be his own course under similar circumstances. We shall have occasion to show that the imputation is as groundless as that against the county censors, who receive no compensation for their services.

> "Third—The present connection between the business of teaching and the power to license, is wrong in principle and injurious in practice. Such connection is therefore not only wrong in principle, but wholly *unphilosophical.* That it has been injurious in practice, the present state of the profession affords abundant evidence; indeed, such has been, and still is, the facility with which young men are converted into doctors through our professional tribunals, that it has grown into a proverb by no means destitute of truth, that there are more quacks *with* parchments than *without* them."

We believe that the practice has been almost universal throughout Christendom for literary institutions to confer their honors on their own students. It certainly prevails throughout Europe and in every state in this country. It was left for the chairman to make the discovery that it is "wrong in principle, and wholly unphilosophical." But this separation of the teaching from the licensing power is to be the sovereign panacea for all the ills the profession is heir to. We can recollect but one instance where the experiment was fairly tried, and we are surprised the chairman has not referred to it, if he did not recommend the precise act. Previous to the passage of the act of 1806, which is so obnoxious, and which it is now proposed to repeal, the powers of teaching and licensing were separate. Under this regulation the student was to be examined *before the governor, chancellor, judges of the supreme court, the attorney general, the mayor and recorder of the city of New York, or any two of them, and their certificate constituted a license to practise.*

"Fourth—We object to the present arrangement, because it directs the attention of the licensing authority more to the time and place of study than to actual attainments."

As the resolutions do not touch this objection, or propose any remedy, we shall give it no further notice.

"Finally—We object to the present system of medical education, because it tends to make superficial scholars, *and those only.*"

We have searched in vain throughout the resolutions for anything having the remotest tendency to correct this evil; on the contrary, we are satisfied the proposed changes would have a directly contrary effect. We cannot, however, resist the temptation to give the chairman's very graphic description of the present system of education; it is evidently a favorite theme, and one in which he revels with much delight. He says:—

"The young man enters the office of a physician, pores over his library from day to day, gets now and then a question from his preceptor, occasionally sees a tooth extracted, or venesection performed, attends one or two courses of medical lectures, where the whole system of the theory and practice of medicine, materia medica, medical jurisprudence, obstetrics, surgery, physiology, pathology, and anatomy, are gone through with, in the space of sixteen weeks, a time scarcely sufficient to dissect profitably one subject, and to which is often attached hospital and clinical instruction; he is then honored with an M.D., and sent forth to kill or cure, as fortune may dictate."*

Again:—

"It is worse than folly to talk of quacks and quackery, to endow medical colleges, and organize medical societies, whilst whole scores are annually presented with the time-honored insignia of our profession, who are not only destitute of medical attainments, but also of the common rudiments of an English education, *and in moral character and mental capacity below the common dealers in lobelia, cayenne pepper and steam.*"

Such gross and wholesale charges may serve to round a period, may destroy or weaken the confidence of the community in the profession, and may seriously injure the reputation of our medical schools; but they can never form the basis of judicious reform. An honest lawyer never gives an opinion until he has examined his witnesses and investigated the merits of the case. A wise physician does not prescribe for his patient on vague rumors, but first ascertains whether his patient is sick, and the nature and character of the disease. How is it with our modern reformers in medicine? The chairman of the committee, N. S. Davis, has for four years held the office of CURATOR in the Medical Institution of Geneva College. It was his privilege, certainly, if not his duty, to have attended every examination, and voted on every candidate for a degree; he having as much voice in the recommendation as any professor in the institution. He had the legal right, and every facility was furnished for thoroughly examining the course of instruction; had he done so, we doubt whether he would have hazarded the assertions made in the report. *But he has never attended a single examination!* At the session of the State Medical Society, in 1835, one of the members, surprised at the statements made in the report, offered a resolution that the Censors of the State Medical Society attend the examinations at the respective Medical Colleges, and report to the society at its next meeting. This simple resolution to investigate the truth of the charges, *was opposed by the gentleman who made them, and rejected by the society.* Will the county societies sustain this crusade against their own institutions, when the State Society, which should have been the first to defend, refuses even to ascertain the truth or falsehood of the charges against them? We shall see.

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* *Query.*—What Institution confers the degree of M.D. after a single course of lectures?

Having very briefly examined some of the reasons offered in the report, we will proceed as briefly to examine the probable effect of the proposed changes. The effect which it would probably have on the county societies has been so ably depicted by the venerable Dr. Stearns in his appeal to the State Society, that we shall not add a word on that subject except to urge the perusal of his remarks, upon every one who takes an interest in the profession.

The period of study proposed in the first resolution is four years, the same as is required by the present law. If any student prefer the course recommended in the resolution he is at liberty to adopt it, and at the end of four years, if he can pass an examination, he can get his license. As early as 1818, some friends to improvement in the profession, believing that a better preliminary education and more general attendance on lectures would tend to elevate the profession, obtained the passage of a law, that one year's study of the branches usually taught in colleges, after the age of sixteen, or an attendance on one full course of lectures, should be received as a substitute for one year's study. The law had the effect desired by those who proposed it. Previous to its passage, very few students from the country ever attended lectures; now, it is very rare that a student offers himself for examination without having attended at least one course of lectures; most of them attend two, and many three. It is this feature of the law (which by many was thought to have operated so favorably) which it is proposed to repeal, and return back to the law as it was before 1818. Whether it would be an improvement, we leave for others to judge. Very few of the medical students in the country feel as if they could afford any greater expenditure of time or money than the law absolutely requires, and as nothing would be gained in time by an attendance on lectures, whilst the expenses would be materially increased, few, comparatively, would attend lectures. To suppose that this would or could be corrected by the examinations, is an absurdity of which no one acquainted with medical examinations would be guilty. The mere amount of knowledge acquired by attendance on a single course of lectures is far from being the only advantage. The student obtains a plan for his whole course of study, learns what books to read, becomes acquainted with other students, forms more elevated conceptions of the dignity and usefulness of his profession, and acquires a spirit of emulation which lasts for life. Students who have attended one course of lectures (feeling the advantages they have derived) are always anxious to attend a second, and usually manage to accomplish their object ;* and those who have attended two courses are seldom content without obtaining a degree, consequently many attend three and some four courses of lectures. The effect has been that comparatively few now obtain a County or State license. In 1835, the number of students reported as licensed by the State Censors, were *five;* by seventeen County societies that reported, *eight.* In 1846, the number reported by eighteen societies, was *eleven ;* that of the State Censors was *seven :* amounting in all, for the year 1845, to *thirteen*, for 1846 to *eighteen* ; whilst the number of graduates in the several Medical Schools in the State, averaged about *two hundred and twenty five!* It is self-evident that the object of the resolution was directed against the Medical Schools. Remove, as is proposed, the inducement to attend the first course of lectures, and take away the power of obtaining a degree with the stimulus which it imparts, and if the effect is not retrograde, there is neither force in reason, nor truth in past experience. The directions in the resolutions as to what the Censors shall require, are almost too puerile to demand attention. We can only say, that a Censor that requires such directions would be totally unfit for his office. Who is to determine what constitutes "*a good academical education?*" There is, however, one requirement we cannot pass over in silence. The student must give evidence of having "assisted in the dissection of two subjects." With due deference to the State Society, we do not think it quite equal to the proposed requirements of the Thomsonians, which required that every candidate should give evidence of having treated at least two cases successfully. Many a tyro knows to his sorrow, that, without proper instruction, he may assist in the dissection of a dozen subjects without becoming an anatomist. A committee of the Massachusetts Medical Society, composed of John C. Warren, John Dixwell, and George Hayward,—men who are the ornaments and pride of our profession, seem to estimate differently the attendance on medical lectures. They say :—

> "The counsellors of this Society consider courses of lectures to be indispensable to an adequate knowledge of the medical art, and, being aware that students acquire much more information from a second course, than from a first, do therefore concur in this third proposal, and in the amendment made by the New Hampshire Medical Society, which substitutes two courses of public Medical Lectures in some legally organized and respectable school, for one course."

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* Dr. Davis, we think, stated at the National Medical Convention that he had attended three courses, although he had to board himself at an expense of twenty-five cents a week. This shows Dr. D.'s estimate of the value of Medical Schools. Since that time, however, they have much improved.—[*Ed. N. Y. Journal.*]

What possible advantage does the proposed organization of a Board of Censors have over the present Boards of State Censors? We can see none. Whilst the present Boards of County Censors possess many advantages over the proposed mode, they are simple, cheap, convenient for the student,—would be far better acquainted with the character and habits of the candidates, and equally efficient with the proposed Board. The contemplated organization, on the contrary, is complicated, inconvenient for both pupils and censors, and expensive.

We come next to the consideration of the probable effect on the medical schools. We have already seen that the tendency would be to prevent our own students from attending lectures; but the deservedly high reputation of our schools attracts many pupils from other States, and from Canada. It has been estimated that one-half our students were of this class; perhaps one-third would be a nearer estimate. Take from our colleges, as is proposed, the power of conferring degrees, and you at once cut off the whole class of foreign students; deduct also the probably diminished numbers of our own students, and our medical schools may close their doors. We are credibly informed that Dr. Davis declares that he has no hostility to our medical schools; of course we are bound to believe him; but they may well exclaim: "Save us from such friends—our worst enemy could not have done us greater wrong." Having attempted to show the reasons offered in the report for the proposed change, the probable effect upon the profession and our medical institutions, we shall close by very briefly describing the mode of examination and requirements in one of our medical institutions, to see how far it is amenable to the charges or statements made in the report. In the first place, the State law requires that the candidate should be 21 years of age, should have studied medicine three years with some regularly licensed physician, and have attended two full courses of lectures in regularly incorporated medical institutions. He is required to furnish a dissertation on some medical subject, composed and written by himself, which is examined and approved by the professors, before the candidate is admitted to an examination. Each student is examined separately by the professors, in the presence of the whole board of professors; if approved, he is recommended to present himself before the Joint Board of Faculty and Curators, upon whom rests the responsibility of recommending him to the Trustees for a degree. This Board is composed of six professors and forty curators; six of the latter (equal to the whole faculty) are appointed by the State Society, the remainder are appointed by the Trustees, and selected from the most respectable and intelligent of the profession. The students are thoroughly examined in the presence of this Board, each *member having an equal vote in the recommendation:* if requested, the dissertations are read and defended in the presence of the Curators. The number of Curators that attend and vote, usually varies from ten to fifteen; the recommendation of at least three Curators is absolutely necessary to enable the Trustees to confer a degree. *Not one cent of the fee for diplomas goes into the pockets of the professors, neither do they receive any compensation for the labor and trouble of examination, whether the number be five or fifty.* The course of instruction has ever been open to investigation; the Faculty have not only courted, but have solicited investigation, and they fearlessly appeal to their graduates, and the Curators who have attended the examinations, against the slanders of the report, so far as they were intended to apply to Geneva College.

All will admit that there are defects in our system of medical education, but we deny that they are half as great or glaring as represented in the report. We believe that the medical profession of the State of New York will not suffer in comparison with that of any State in the Union, or of any other country, in the practical acquirements of the profession; and we have reason to know that our Medical Schools are as strict in their requirements, and in the qualifications of their graduates, as those of the neighboring States. Even the chairman is compelled to admit that the greatest defects consist in the want of sufficient *preliminary education, and defective office instruction ;* but for *these defects* we search in vain for any proposed remedy, either in the resolutions or report. These are defects, not in the system, but in its practical operation, and would be quite as likely to exist under the proposed system, with all its clumsy machinery, as under the present system.

Art. IX.—*Case of Compound Fracture of the Tibia in Utero and Congenital Talipes Talus.* By Lawrence Proudfoot, M.D., of New York.

Mrs. F., aged 28 years, of sanguine temperament, and who has always enjoyed good health, during the sixth month of gestation, and of her third pregnancy, while attempting to pass through a very narrow passage, was severely pressed on the abdomen, and immediately experienced a violent pain in that region, accompanied with nausea and faintness. The following day she was threatened with abortion, having pain and some hæmorrhage. These symptoms continued for some days, and occasionally reappeared in a light degree, up to the time of her delivery, which occurred at full time and was perfectly natural. At birth, the right foot of the child (a female) was found permanently extended and turned upward, pressing against the side of the leg, above the external malleolus.

The tibia of the same side, about the middle of the bone, had apparently been the seat of a compound fracture; the two ends had united, at a slight angle anteriorly, and opposite to this angle there was a cicatrix, evidently of some time standing; there was considerable thickening of the parts near the seat of injury. I visited her on the 3d of June with her attending physician, Dr. Freeman, who had succeeded by bandages, and compresses from its birth, in bringing the foot down, but the case, now in the seventeenth month, presented talipes valgus complicated with equinus, the outer edge of the foot being very much turned upward, the internal malleolus very prominent, and the external scarcely to be felt. The tendo Achillis was rigidly contracted, the heel being drawn up about two inches, and the child only enabled to walk by the aid of a high-heeled shoe. I advised the section of the tendons, which was acceded to, and on the 16th of June, assisted by Drs. W. H. Van

Buren and Isaacs, I divided the tendons of the peroneus longus and brevis, and the tendo Achillis, which enabled me to bring down the foot, to a very considerable extent, and entirely overcome the eversion. Some adhesive straps were applied over the wounds, and a bandage from the toes to the knee. A modification of Scarpa's shoe was adjusted, and directed to be constantly worn. Since that time the condition of the foot has greatly improved, and the limb is of the same length as its fellow.

New York, July 28, 1846.

Art. X.—*Case of a Tumor, with remarks by* J. P. Batchelder, M. D.

That every operation in surgery should be based on the anatomy of the region which is the field of operative procedure is an axiom in the science which should never be held in light esteem by the operative surgeon; but it is of the gravest import when operations for the removal of tumors, whose relations involve parts essential to life, are about to be undertaken. The case of a tumor communicated by the writer to the profession, through the medium of the July No. of this Journal, was pre-eminently in point; and he would now with great deference submit another which may be deemed a counterpart to the former. A little girl, the daughter of Mr. Charles M——, of Boonville, in this State, about 7 years of age, had been for some time affected with a tumor situated in the right side of her neck, which commenced between two and three years before, under the ear, very like a common enlargement of the glands of that region.

At the time of the operation, September 16, 1841, it was somewhat larger than a pint bowl, and extended from and beneath the clavicle on the right side to the occiput and mastoid process of the temporal bone, and forward under the mastoid muscle to, and as we found in the operation, behind the trachea between it and the œsophagus, and backward between the trapezius and the levator scapulæ and scaleni muscles to the spinous processes of the third, fourth and fifth cervical vertebræ, depressing the right shoulder and pushing the head over upon the left. Anteriorly and inferiorly it was firmly bound down by the sterno-mastoid and omo-hyoid muscles; posteriorly by the clavico-cervical portion of the trapezius, and over all parts, by the superficial and deep fasciæ of the neck, which, although weak in so young a subject, contributed no doubt, with the above-mentioned muscles, to render the swelling firm and to such a degree fixed, as to make it exceedingly difficult to determine how far it was moveable, if indeed it were at all so. When all the parts were put in the state of the greatest relaxation, by grasping it with the hands, and as it were, pulling it outward, it was thought that a slight degree of backward and forward movement could be impressed upon it; but all attempts to move it longitudinally, *i. e.* in the direction of the muscles, were unavailing, except that by placing the fingers and thumbs above and below in the interstice between the sterno-cleido-mastoid and trapezius muscles, and applying considerable force, it did seem to be apparently moveable upward and downward, if the parts were relaxed, but if tense, little or no impression could be made upon it.*

This being a tolerably good test, and perhaps the only true one for deciding the mobility of a tumor, much doubt existed as to the precise connection and mobility of the one under consideration; but from its being bound down so firmly by the fasciæ and muscles, and limited above by the head and below by the clavicle and shoulder, we hoped that its fixedness might not be quite absolute. No pulsation could be felt in any part of it, neither could that of the carotid or subclavian be perceived. As it was not affected by deglutition, it was inferred that it did not adhere to the trachea or larynx, and moreover it was hoped that it might lie anterior to the omo-hyoideus, and consequently not very intimately connected with the carotid and subclavian arteries; and this inference was rather corroborated by the fact that neither the motion nor sensation of the right arm or the pulse in the radial or temporal arteries was affected. If, however, this inference were just, how were we to account satisfactorily for the immobility of the tumor? The movements of the head and shoulder were restrained by the bulk of the tumor and tension of the muscles caused by it; but when either the head or the shoulder was moved backward or forward, the tumor did not appear to be carried along with them. In the interstice between the mastoid and trapezius it was slightly uneven; firm, but not hard. The character of that portion of the tumor which was covered by muscles could not be ascertained, and with the exception above mentioned it was almost entirely so covered, for in its growth it had pushed the sternal portion of the mastoid forward so as to leave scarcely any space between that muscle and the trachea, or between it and the sterno-hyoid and sterno-thyroid.

With reference to an operation, the nature of a tumor, and its connections and relations to surrounding parts, should be settled with as much accuracy as circumstances will admit. First then; What is the nature of the tumor; malignant or not? In the absence of well marked local phenomena which characterize malignity, the rapid enlargement of a tumor, not from excitement or irritation; or constitutional affection associated with one either slow or rapid in its progress, and particularly the latter (constitutional affection), may be considered as indicative of a grave and probably malignant disease; but in the case before us, the chylopoietic viscera are and have been all along in a very tolerable condition, and the constitution, although somewhat affected, did not appear to be so beyond what might be fairly attributed to the size and inconvenience of the tumor; certainly not to a degree commensurate with what might have been expected from a malignant disease of such magnitude, and of so long standing. We were therefore inclined to the opinion that it did not belong to that class. From the slight inequalities observed in the space between the mastoid and trapezins, the tuberculated sarcoma of Abernethy suggested itself to our minds; *but as there were no other tumors of any description to be found*, that suggestion was not entertained. Medullary sarcoma was also mentioned, but not taken into the account. It particularly lacked that feel of fluctuation which is so peculiar to that sort of malignant tumor, and which is so apt to deceive the surgeon, especially if he be not one of considerable experience in such cases. Was it a strumous enlargement of the lymphatic glands of the neck? Its location at the commencement; the red flaxen hair, delicate skin and fair complexion of the child seemed to favor that idea; opposed to that view, however, it was considered that there was no affection of the eyes or ears; no tumefaction of the upper lip or abdomen; no articular disease, no irritation of the mucous membranes; none of that flabby softness of the muscles so characteristic of scrofula; no hereditary taint; *no tumor in any other part of the body;* no change of color, tenderness, pain or signs of suppuration in the tumor itself; that she had resisted the ordinary causes of indisposition, and enjoyed as good health as children in general; that struma in children is never confined to one part; for these considerations, the supposition that it might be a strumous affection was dismissed. If it were not strumous or malignant, was it adipose sarcoma? To this opinion we were inclined, as the most probable. No diagnosis with which we were satisfied was made out; to be honest we did not know what it was. That it would kill the child if not removed, was a conclusion in which all concurred; therefore, the next question involved the propriety of an operation, which must of necessity be protracted and severe, and considering the location and size of the tumor, and the tender age of the patient, extremely hazardous; but by taking time and giving frequent respites from suffering, the conclusion was that she would not sink under it, and as such subjects, if they do not succumb beneath the shock, generally recover, we were in favor of proposing the operation, and after stating all the contingencies, let the parents and friends decide; these decided in the affirmative; the little patient herself, who was very intelligent, also desired it.

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* A tumor, when connected with muscles, can be moved laterally, or at right angles with them, even when they are made tense, and I have known surgeons relying upon this test alone, to be deceived in regard to the mobility of a tumor, when the mistake might have been prevented, had the muscles been put upon the stretch, and the attempt to move it in the direction of their fibres been properly made. By omitting to follow this method mistakes have been committed in regard to the mobility of schirrous mammæ, and unfortunate they are, for adhesion to the pectoral muscle is a circumstance which, if it do not absolutely forbid, at least throws great doubt over the propriety of an operation. When that contingency exists, I believe the disease always returns; such have been the teachings of my own experience and observation. The operation may indeed prolong the patient's life, but after all it will be but very nicely balancing between two evils.

Operation.

The parts to be more particularly regarded in the operation, were the carotid artery, internal jugular vein, trachea, œsophagus, and thyroidals:—inferiorly; the subclavian, supra-scapular, transversalis colli and nerves in the supra clavicular region.* The probable situation of the tumor, behind the deep cervical fascia, and consequently in contact with all these important parts, or only separated from them by a layer of condensed cellular membrane, greatly enhanced the difficulty and danger of the operation. The patient, wrapped round and round in a piece of cloth, which was pinned so as to confine her arms and legs, was laid upon the table upon her left side.† An incision was made through the integuments extending from the clavicle, a little in advance of the insertion of the trapezius, near to the point of the mastoid process.* The middle of this cut was curved backward to the anterior edge of the trapezius. The original plan was to expose the tumor by a crucial incision; the longitudinal cut being crossed by another running from the spinous process of the fourth cervical vertebra to the trachea, dividing the cervical portion of the trapezius, and the mastoid and omo-hyoid muscles; the divided extremities of which, with the deep fascia, were to be dissected back from the tumor, the anterior surface of which was to be thus exposed. The posterior limb of the transverse incision was dispensed with, and the curve in the longitudinal substituted. As the vessels which supplied the tumor with blood, might be derived from the occipital, superior, and perhaps from the inferior thyroid, and also from the supra-scapular, it was designed, in that plan, to commence the dissection for detaching the tumor on its upper side, and carry it round on its inner, lower, and lastly posterior sides. This part of the plan was in accordance with a rule of surgery laid down in a former communication to this journal, to which I would refer the reader. As the vessels in children are small, the rule is of less importance in them than in adults, and in this operation it was not adhered to. The subjacent fascia was then opened and divided, by cutting from within, a director being passed beneath it. The surface of the tumor thus exposed, exhibited a tuberculated appearance. Although the tubercles themselves seemed each to be enclosed in a very delicate membrane of its own, yet the tumor, as a whole, had no envelope except what was formed by the condensation of cellular membrane caused by the growth and consequent pressure of the tumor. In some places this general envelope was more distinctly marked than in others; and there it enabled us to discriminate and separate with facility the morbid from the sound parts. The cut edge of that portion of the deep fascia which extends under the trapezius backward to the ligamentum nuchæ and spinous processes of the cervical vertebræ was raised, and the handle of the scalpel insinuated between the fascia and tumor, and forced upward, and downward, and backward, by which means room was readily made for the introduction of a finger, and also the curved spatula, by which the fascia and tumor were drawn asunder. The handle of the knife was again introduced, and the cellular substance pushed before it until it accumulated, and became so condensed as to resist the progress of the instrument, when the accumulated bands, thus firm and resistant, were severed close to the tumor by the edge of the knife. The tumor was thus separated from the fascia beneath the trapezius, and from the ligamentum nuchæ, and spinous processes, and drawn forward. In detaching it from the transverse processes, which could now be readily felt, care was taken to avoid the superficial cervical artery, which runs near those processes. Although that vessel must be very small in such a child, yet the caution was deemed not unnecessary, as a bleeding from even a minute artery in that place might be troublesome and difficult to arrest; therefore the tumor was pulled from its bed, and the fingers thrust beneath it and brought round, while the handle of the knife was employed in pushing the cellular substance away from it (the tumor), by which it was detached from that part without hemorrhage. As has been stated, the original plan was to commence dissecting on the upper, anterior and lower sides of the tumor, where it was supposed we should find the vessels that supplied it with blood; but from the nature of the tumor, it was obvious that no blood would strain through it; that part of the plan was therefore also abandoned, and the operation commenced and carried on as described, until the posterior half of the tumor was separated from the surrounding parts.

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* The deep fascia, in all its relations and connections with the tumor and other parts, was contemplated with the most anxious attention.

† In operations upon children, I am in the habit of resorting to the above described method of confining their limbs. If well and properly done, it makes the body and limbs all one piece, and gives us a perfect control over even a lusty boy.

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* This incision was made as follows: A transverse fold of integuments was pinched up and divided with a bistoury passed through it and its adherent side, and brought out at its duplicature. The fold on each side being released from the grasp of the fingers, the incision was extended above and below to the points mentioned. This method of cutting from within outwards, has, especially in children and timid people, much to commend it to the consideration of the surgeon. It gives less pain; is more rapidly and precisely executed, and furnishes the landmarks by which subsequent incisions may be made, and regulated, and prevents the necessity of repeated touches of the knife, every one of which gives almost as much pain as the original cut. I took the hint from Dessault, and have practised upon it as much as possible, through the whole of my professional career.

The separation was continued from behind forward, and the tumor drawn up as far as possible from the clavicle and the blood-vessels and nerves in that region. While the tumor was pulled and held away from them, the handle of the knife was continually employed in pushing them and the cellular substance away from it (the tumor), and also in being passed along its surface, until its progress was arrested by the accumulation of cellular bands, which were then divided as before described. By thus dissecting from behind forward, and from below upward, the tumor was considerably loosened, but not enough to be drawn out as we had hoped it might be from behind the omo-hyoid and mastoid muscles, which were therefore divided in the following manner: The handle of the knife forced in between the tumor and the deep fascia, which lay betwixt it and those muscles, made room for the introduction of the finger for the purpose of exploring the parts; and as no vessel of importance could be felt, the bistoury was introduced, and the muscles and fascia incised, and their divided extremities dissected up from the tumor, which exposed a considerable portion of its anterior surface. In this stage the curved spatulas were found very useful in holding back the muscles and trachea, away from which the tumor was at the same time drawn and held. In this position of the parts, the cellular substance was detached, and pushed away from the tumor with the handle of the knife; the finger was also introduced, and carried along in one direction or another, pushing before it portions of the connecting medium, until it accumulated so as to stop its further progress, when it was divided with the knife as near the diseased part as possible. By pushing the circumjacent tissues from the tumor, the connecting bands and vessels were so attenuated as mostly to give way to the pressure of the handle of the knife; such as did not were cut near the tumor, and consequently at a considerable distance from their origin, by which means all were reduced to the state of lacerated or insulated vessels which do not bleed.* In this manner the dissection was carried on to the trachea and larynx, from the side of which, and from behind and between them and the œsophagus,† the anterior edge of the tumor was separated with less difficulty than could have been anticipated, owing to a special arrangement of the deep cervical fascia in this part, which passes directly from the trachea to the œsophagus, without dipping into the space between them, which is somewhat triangular (the fascia, trachea and œsophagus, forming the three sides), and is filled with adipose matter. This disposition of the fascia, moreover, secured the inferior laryngical nerve which passes up between the trachea and œsophagus to the larynx.* The dissection was pursued in this way until the tumor was wholly insulated, detached and removed. Recognizing in it a morbid structure (the tuberculated sarcoma of Abernethy), which was apt to return, great care was taken to remove everything of a doubtful character which could be suspected as making a part and parcel of the diseased mass, and this part of the task was rendered extremely difficult by the resemblance which some parts of the tumor bore to common fat. In this, however, we were assisted as has been suggested by the lobules being each enclosed in an envelope of its own, and bound together by very firm whitish bands.† The difficulty alluded to, rendered the operation much more tedious and protracted than it would otherwise have been. After the removal of the tumor,‡ while searching the cavity to ascertain whether any portions of it had been left, we discovered the common carotid and internal jugular vein, the subclavian artery, and the nerves going to the axilla, in a frightful state of nudity, and right glad were we to get out of a field of action with the tumor as a trophy, in which we had had so many hair-breadth escapes, that even curiosity lingered not to look for parts of minor importance, which we had never desired to see, although they had been the subjects of much anxious consideration. Notwithstanding the little patient had been on the table an hour or more, less than half of it had been consumed in the operation proper, frequent opportunities being given her to rest. Once it was suspended for some time, in consequence of an apprehension that she was actually sinking; by taking stimuli she revived, and the operation was resumed and completed. The fortitude with which she bore this appalling operation was truly womanly and wonderful. The wound was dressed in the ordinary way, and healed almost entirely by the first intention. I regret to be obliged to say that the disease returned and destroyed the patient. A letter dated Boonville, July 14, 1846, from Ralph Lord, M.D., who was her attending physician, states, "that some six months after the operation, the scrofulous diathesis seemed to develope itself more fully and rapidly; other glands commenced enlarging, and from the nest where you cut out the first tumor, another sprung up and grew rapidly until it occupied the whole side of the neck, from the median line in front to the median line in the back of the neck, and from the ear to the joint of the shoulder. It soon became indurated, inflamed; the surface taking on a dark livid hue; finally, about a year ago, it broke out and commenced discharging, and soon ran her life away." Due caution was observed to prevent the admission of air into the veins.

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* Upon this simple principle of insulation may be explained the phenomenon that large arteries, as the axillary and femoral, do not bleed when the limbs to which they belong have been torn away by machinery.

† This interposition of a portion of the tumor, between the trachea and œsophagus, explained an unusual prominence of the trachea and larynx, which was noticed, but which, as there was no particular difficulty of swallowing, was not regarded, as it ought to have been, when settling the relations of the tumor. No particular inference was drawn from it.

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* Many years before, the writer dissected out a tumor, one limb of which, nearly half an inch thick, and an inch and a quarter or half broad, had passed flatwise through the interstice between the trachea and œsophagus, and showed itself more than half an inch on the opposite side. It had been very gradual in its growth, and lay in a sort of sheath or cyst (itself encysted), formed by pushing this fascia before it; from which it was rather easily turned out. It had considerable firmness, and occasioned, particularly at times, much difficulty of breathing and swallowing, especially the former; but on the whole, less than might have been supposed, owing to the slowness of its growth. It is well for every surgeon to make himself familiar with this arrangement of the fascia, for it will give him much additional boldness in attacking tumors in those parts.

† The tubercles composing the morbid mass were connected so as to form one common body, by the membranes that enveloped each, furnishing a band which extended to a morbid structure, fibrous, firm, dense and white, which formed a bond of union to the whole congeries. By the color and firmness of these bands we were enabled to discriminate between the tubercles and the adipose matter, which they very much resembled. Whether this dense, firm, white connecting medium furnishes a distinctive pathognomonic mark, by which tuberculated sarcoma may be diagnosed, I cannot say, not having had sufficient experience to warrant the conclusion; generally considered, however, white bands in morbid structures are but too surely indicative of malignity.

‡ For the sake of convenience, the tumor has been spoken of as a whole, but it should be understood that it was tuberculated, and that the description of the operation has all along a more special reference to each lobule or tubercle of much size, situated on the periphery of the morbid mass.

By operating as above described, I have great confidence in the opinion that almost any morbid structure of a distinct organization may be removed by operation with safety, from nearly every part of the body, except the great cavities, provided the surgeon is cool, collected and deliberate, and withal perfectly acquainted with the anatomy of the part or region. Although the plan of an operation is seldom strictly adhered to in its performance, still I cannot help thinking that it is important for the surgeon to have one that is well digested in his own mind at least, if not written out for his guidance in such as are difficult and dangerous. He must, it is true, be governed by circumstances; still a plan will give him a boldness and promptitude in execution which few can possess without it. It is truly distressing to see a surgeon operating without such preparation. He cuts a little here and a little there; pulls this, and pulls that, and finally gets involved in perplexities and difficulties which he did not anticipate, and from which he knows not how to extricate himself, until at last, in desperation, he either commits a disastrous blunder, or abandons his job not finished, or but half done. Poor patient! unhappy surgeon!!

Drs. Lord and McVicker, Potter and George H. Batchelder, assisted in the operation.

84 *Chambers Street*, *New York*, *August* 6, 1846.

Art. XI.—*Typhoid Termination of Acute Inflammation.* By G. C. Monell, M.D. Newburgh, Orange Co.

It is well known that many persons die annually, at all seasons of the year, and in all parts of the country, of a disease, called Typhus Fever; nor is this the pure, idiopathic form of Typhus, but a secondary affection, setting in (as it is said) near the termination of common continued fever, or of acute inflammation. It is not unusual to hear of a patient being attacked with severe local inflammation, and again, in the course of two or three weeks, or perhaps longer, to hear that Typhus has set in where there is but little hope of recovery. These fatal terminations are regarded by many as allied to common continued fever, and as caused by atmospheric influence of some sort; but when we reflect that such a termination may occur in any acute disease, and at any season of the year, we cannot consistently charge it upon miasm, but are compelled to search for the cause, either in the unavoidable progress of the inflammation, or in our own erroneous treatment of the patient. A careful investigation of the latter cause will result, I think, in the conviction, that the Typhus termination of acute inflammation, so common in most places, may be traced to an inefficient treatment of the original disease.

It may be proper, before proceeding further in our inquiry, to determine upon some name by which the condition about to be discussed, shall be designated. The common term Typhus, if confined to its original signification, is as good, perhaps, as any. But inasmuch as this term is frequently employed to denote a specific fever, uniform in its character and generally prevailing as an epidemic, there is a manifest impropriety in applying the same name to a condition so different, as is the one under consideration. A pure adynamic fever is undoubtedly characterized by many symptoms very similar to those of the typhoid termination now spoken of, and if the two should occur together there might be difficulty in the diagnosis; or, at least, in determining how much of the symptoms might be owing to a general febrile influence, and how much to the local disease; for we are not to forget, that certain atmospheric influences operate, at times, upon the purest local inflammations, which then manifest a well marked tendency to assume the general characteristics of the prevailing epidemic. The tendency in these cases, however, is manifested so early in the disease, as to afford a very important indication of the prevailing influence. It will also be borne in mind that there are epidemics, well marked in their symptoms and limited in extent, for the time at least, to certain sections of the country, and certain seasons of the year. They are caused by miasm, and not by debility induced by previous disease. It may, also, be remarked that, in these cases, the local inflammation is not usually a primary affection, but is itself secondary to the Typhoid condition, and if primary, it is so stripped of its usual symptoms by the depressing influences, as to appear of minor importance. The powers of life in the Typhus termination we are now considering are overwhelmed, but not destroyed by the severity of *previous* inflammation; the blood is gradually rendered impure, the secretions become morbid, and almost every organ becomes unable to perform its functions. These secondary results, again, exert a reflex influence upon the organ first inflamed, and the vital powers gradually yield to the immediate and remote effects of disease unarrested in its course, and therefore, in the end, resisting the recuperative powers of nature, or the curative efforts of art. In true Typhus, on the other hand, there is usually little or no evidence of local inflammation at the onset, and the fever frequently progresses to its final termination, whether favorable or fatal, without manifesting the slightest evidence of local lesions; and when local disease does exist, it is not developed, as before remarked, until after the fever is distinctly diagnosed as Typhus. Even the inflammation of the follicles of the intestinal canal, so constant in the Typhoid fever of Louis, is evidently an accompaniment, and not the cause of the other appreciable phenomena. A well marked distinction, then, is that the former *commences* as a pure inflammation, whether general or local,—it may be pneumonia, or it may be small-pox;—occurs at any season, and resembles Typhus only in its *latter* stages, and while the inflammation is evidently progressing unchecked in its course. The condition is *secondary*. In the latter case, the depressing influences are prominent from the very first, and the local inflammation, if any occurs, is almost latent as to symptoms, and, even when prominent, a secondary complication. The *Typhus is here primary*. If, therefore, there is a sufficient similarity in the two diseases to justify the use of the same or a similar name, we would not be far wrong, perhaps, in calling the one *primary Typhus* and the other *secondary Typhus*. But believing that the secondary disease has not in any of its stages the essential characteristics of true Typhus, there is, to my mind, a strong inconsistency in applying the same word. But as *there is* a resemblance in some of the prominent symptoms; and inasmuch as the word has been used to express this state, we may say that it resembles Typhus, and according to the practice in other cases, we may adapt a word to this condition, and if we take the Greek *ειδος*, and add it to the one already used (*τυφω*), we will have the word Typhoid—or a fever resembling Typhus. But even this would fall short of our true meaning, for although it does resemble Typhus in a few of its external symptoms, though there is an apparent debility, yet the stage of the disease and the circumstances under which these symptoms appear are so entirely different, that the single word Typhoid would continue to convey, as the word Typhus now conveys, to very many practitioners, erroneous and fatal notions of its true features. But if we add to the word already named, another expressing the stage of the disease at which these symptoms are manifested, we will have a name that can scarcely mislead any one. I would call it *secondary Typhoid.* It may appear to some, that it is objectionable to retain the old word in any form, from the fact that it conveys false notions of debility to the minds of many, and that therefore some other should be used, or added, expressing its inflammatory character. There is truth in the objection, and it would probably express the correct condition better, to call it inflammatory Typhoid, or sympathetic Typhoid, or accidental Typhoid, or still more expressive, inflammatory secondary Typhoid. To each of these there are strong objections.

I am well aware that objections, perhaps equally strong, may be brought against the name first suggested. But it is difficult, if not impossible, to select any name which will not be liable to objections equally strong, and inasmuch as we must call it something, I will call it, as first suggested, secondary Typhoid; the word inflammatory might be added, but as I contend that the disease does not occur except as caused by inflammation, it would be making it unnecessarily long. Indeed the mere name is of but little importance, provided we have proper ideas of the disease itself, and the name conveys no *false* inference in regard to it. The objection that several writers on the specific Typhus, occurring as an idiopathic fever, have called it Typhoid, I do not consider important. The condition we are describing is a fever of some sort, and as it resembles Typhus nearer than any other, we are correct in calling it Typhoid, although the same name has already been used to designate the fever accompanied by, or as some contend, caused by disease of Peyer's glands. This peculiar form, it appears to me, should be designated as *abdominal Typhus;** the ordinary Typhus of this country partaking of this condition simply Typhoid; and the condition we are describing as following acute inflammations would be readily recognized either as inflammatory or secondary Typhoid. But without spending more time on the name, let us proceed to the more important points; the disease itself.

Symptoms.—It will be borne in mind that we are considering a condition of disease following a state of acute inflammation. The inflammation may assume the form of idiopathic fever, or it may be confined to a single organ. We would prefer, for the sake of simplicity, to consider the result of local inflammation alone. This would, however, take from the subject much of its practical importance, and we shall therefore include the Typhoid termination of simple inflammatory fever; yet to avoid unnecessary discussion, or possible ambiguity, our remarks will be limited to those conditions which display a well marked inflammatory diathesis during the first period of this development, carefully avoiding such as present from the beginning symptoms of debility. The examination is thus brought within a narrow compass, yet probably embracing the main points of practical value in the subject before us. It is unnecessary to repeat the symptoms of inflammation; they are well known, and can scarcely be mistaken. Premising then—and it is important to bear this in mind—that inflammation has existed for a longer or shorter period, we have presented an entire new train of phenomena, regarded by many as tokens of permanent debility, requiring stimulants and tonics, but which I regard as the progressive course of the primary disease, and requiring a similar though modified course of treatment, as would be proper for the original affection.

The Pulse will generally become more frequent; yet there may be an exception to this in those cases where it has been increased in frequency from the first, when it may afterwards be reduced in frequency. This is not insisted upon as a rule, yet it will be found nearly correct. One rule may be insisted upon, however, so far as my observation extends, that is, that the pulse is more frequent than in health; it is a frequency that conveys the idea of irritation rather than weakness; it is a hurried frequency, very different from the languor of debility. In addition to this, there is a *sharpness* of the arterial pulsation, difficult to describe, but corresponding in marked degree with the expression of the countenance. This latter remark may be a mere matter of opinion, yet it is impressed upon my mind with a considerable degree of certainty. This sharpness of the pulse, arising from progressive inflammation and deteriorated secretion, can scarcely be confounded with the feeble quickness of true debility, by a physician who will calmly and candidly examine the two without being influenced by previous prejudices. It is an important feature in secondary Typhus, and would of itself suggest an important principle of practice.

The pulse, as might be readily inferred, is also much more compressible than in the earlier stages, when the vital powers were more active. The destructive progress of the disease depresses the pulse just in proportion as the general system is affected, and thus we find every variety, from the hard and resisting pulse of well-developed inflammation, to the comparatively soft and compressible one of vital depression. We should also bear in mind that the organ primarily inflamed, influences to a greater or less extent the character of the pulse, even after the secondary symptoms have assumed a well marked prominence, even "the different texture of an organ, when inflamed," as well remarked by Dr. Wardrop (on blood-letting), "is attended by some peculiarity of the pulse," and this peculiarity frequently continues, in less extent of course, during the development of the so-called symptoms of debility. In all cases, so far as my observation extends, there is a certain degree of *hardness* of the pulse, which persists until near the fatal or favorable termination of the Typhoid condition. The artery may be compressed with apparent ease, its volume may seem small, yet a careful touch will detect no *real weakness*. Now, does this accord with the pulse we have reason to expect, or that experience has taught us to exist in a state of debility? By no means. This feature of the pulse,—its hardness,—is too often overlooked; the physician notices a *small* pulse, and unfortunately connects this condition with the idea of weakness, and when he sees, at the same time, the *apparent* prostration of his patient; the dark tongue, the coated teeth, and sunken countenance; it is not to be wondered at, after all, that previous notions of debility should prevail. It is highly probable, however, that nine out of ten, judging by the pulse alone, without seeing the patient or knowing the history of the case, would be very far from administering brandy and bark. Let the physician then, when he examines the pulse, do it carefully and with discrimination.

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* We have suggested this name in our notes to the article "Typhoid Fever" in Copland's Dictionary of Medicine.—(Ed.)

The Tongue.—Another important change which appears at this stage of the inflammation, is in the state of the mouth and tongue,—a change that gives abundant evidence of contamination of the blood and secretions. The tongue, which had been previously moist and probably white, gradually becomes dry and brown, like smoked beef, or perhaps nearly black. It may also present a red streak through the middle or edges, or, in some rare cases, appear smooth and red, before the brown coat accumulates.

The state of the tongue, like the heat of the pulse, will vary somewhat according to the organ or tissue inflamed, but whatever appearance it may assume, it never resembles the pale, flabby tongue of true debility. The *teeth*, which had been clean or slightly coated with a slimy mucus, become loaded with sordes, which, taken with similar accumulations common about the mouth and lips, is very different from the condition of these parts in true debility. The heat of the skin is somewhat reduced, but it remains equally dry, except in the latter stages, when there may be profuse perspiration. But this is a morbid secretion, and is no evidence of a favorable termination, but seems rather to add to the general distress. While the skin remains dry, it assumes a darker hue than during the early periods of the attack, but if copious perspiration occurs, it becomes pale. The muscular system becomes more and more prostrated; this, however, is more apparent than real, for it recovers wonderfully quickly, when a favorable change takes place. This apparent weakness of the muscular system, probably more than any other symptom, conveys the impression of real weakness of the whole system. It is, however, deceptive, as we well know that instances daily occur in which the strength, though greatly prostrated, is immediately restored by free depletion; a sufficient evidence that it was a temporary prostration only. The strength, in the case before us, cannot be restored with the rapidity we expect, when the depression is primary, because we now have the deteriorated secretions to correct before healthy action can be resumed. The most effectual means, however, of restoring the deteriorated secretions, will be by removing the load that oppresses the vital powers. The condition of the bowels will depend somewhat upon the seat of the primary disease, but if they have not been properly evacuated, diarrhœa will almost necessarily appear, very different, however, from that of debility. The previous history of the case as one of well marked inflammation, renders unnecessary any minute statement of the less constant symptoms. If we were to judge by any one of these already enumerated, it is easy to imagine how a careless observer might suppose a state of debility to exist ; but if we take them in conjunction and compare them, with our experience in other pathological conditions, and especially with our previous knowledge of the case before us, it is an inexplicable philosophy that sees nothing but debility, and suggests nothing but stimulants. We argue, then, from the symptoms, as well as from the history of the case, that debility is not the disease, but that the original inflammation is progressing with increasing severity, and that the powers of life are yielding to it and not to weakness.

It has been urged that the subsidence of pain, in the case of local inflammation, was evidence that the true primary inflammation had ceased, and the organ was now only suffering from debility induced by disease. But if the inflammation has ceased, and the system is thus really in a better condition, why are these alarming symptoms developed at a time when there should be decided amendment ? Is it because the stimulus of increased action is removed ? Certainly not ! For both symptoms and post mortem appearances forbid this conclusion.

It should also be borne in mind, that if there is less *local* evidence of inflammation, it is because there is less general sensibility. The deteriorated blood and secretions are now exerting a benumbing effect, and therefore it is that the usual evidences are less apparent, and symptoms of a false debility more prominent. We draw a still further argument from the following consideration ; we state it in the language of Dr. Armstrong (on Typhus, p. 95). "There is generally a remission of the fever in simple Typhus towards the morning, and the patient will almost always be much less oppressed at that, than at any other period of the day ; but as the excitement gains ground, the debility increases, and may be observed to be the greatest when the exacerbation is at its highest point in the evening." This goes far to prove that the debility is to a certain extent fictitious, and caused entirely by an *existing*, and not a *past* excitement. And what do the effects of remedies prove in this case ? As a general rule the administration of stimulants aggravates it in a very marked degree, and although the dose is double, the remedy fails in almost every instance. The want of success among that class of practitioners who resort to stimulants is well known ; and the reason is, that they have the ghastly phantom of Brown always before them, thus inducing the very state they regard as almost necessarily fatal. And this leads us to dwell for a moment on the *cause* of this secondary Typhoid condition. I would here state as a general remark applicable as an exception to all that may follow on this head, that the inflammation, whether local or general, may be of such severity as to resist every remedy, and from the very nature of the case necessarily proceed to a fatal termination ; and this may be accompanied either by symptoms of ordinary inflammation, or of supposed debility. I fully believe, however, that in this case it will be rare, very rare, to witness Typhoid symptoms. But if the disease has been suffered to proceed without active treatment, or has been improperly treated, then the Typhoid termination will be very constant. Dr. Gallup states one cause, or we might say the whole cause ; speaking of Synochus, he says, "The phenomena exhibited toward the close of disease of a typhoid appearance, in fatal cases, are factitious, and the result of a stimulating, or incendiary treatment, or the neglect of proper treatment. This we are well assured of by long observation, and we do insist, that when such treatment is withheld, and the obvious anti-pyrectic is used, no such typhoid appearances occur." (Institutes, p. 238.)

The same ground was taken by Armstrong, and maintained by a long experience, and a sound philosophy. He does not dwell with that minuteness we could wish on the secondary symptoms as separated from the primary, but his whole work on Typhus fever, and his subsequent lectures, more especially on venous congestion, will remain a rich mine of inexhaustible treasure.

Dr. Dewees says, " We are perfectly convinced, from long and carefully made observation, that the fever almost universally called Typhus, is, for the most part, of artificial origin ; and further, that it is constantly in the power of improper management to convert the most inflammatory fever into this much dreaded state of the system," " to effect this terrible change, for such it really is, it is only necessary to deplete insufficiently, or to overstimulate during the phlogistic state of the system ; " and again, " a dry, dark tongue ; a hot skin ; a flushed face ; a tendency to delirium ; and an irritated pulse, are sure to be called Typhus." Stimulating and tonic remedies are resorted to, and the system is goaded into gangrene, and the patient into the grave, in the course of a short time."—(Practice of Physic, p. 130-131.) He goes still further, and states most expressly that he had never witnessed in his practice, that state of fever called Typhus by many, except where the previous inflammation had either been badly treated or neglected ; and none will dispute the skill or honesty of Dr. Dewees. Tweedie speaks in language equally precise. " I am convinced," says he, " that such symptoms are frequently *brought on* from the neglect of early evacuations, and the cooling treatment in the beginning of the disease." (Tweedie's Illustrations, p. 167.) Such declarations should at least induce the stimulating physician to pause and think well of his practice in these cases. Foucart, speaking of inflammatory affections of old people, says, that after *failing* with tonics and stimulants, he resorted to blood-letting. He then no longer witnessed " la developpement de l'adynamie." (Archives Gén., Juil., 1824.) We shall presently quote the energetic language of Southwood Smith inculcating the same view. Professor Lee of New York tells us that those fevers " denominated Typhus, are generally manufactured or made thus by improper treatment." (American Jour. of Med. Scien., vol. xix., p. 32.) He further adds that " fevers of a purely typhoid character from the beginning, are almost unknown at present in New York," and this statement is substantiated by several others of equal respectability. Indeed there is no evidence, that typhus commencing as such from the beginning, has existed in New York for more than a quarter of a century. There may be an exception to this, when about ten years since a few cases of Typhus appeared in the New York Hospital, but they were all contracted in Ireland. Notwithstanding this well established fact, the number of deaths reported in New York, from nervous and typhus fever, during the same period, is over three thousand. Authorities without limit, might be adduced to prove that acute inflammations and venous congestion, when badly treated in the earlier stages, almost constantly assume an aggravated and generally fatal intensity. Practitioners who follow the example of Rush and Jackson, and a host of other kindred spirits, see but little, if any, of acute inflammations or simple venous congestions degenerating into debility. They look upon the inflammation as a more certain cause of debility than the remedy, and attack it with a vigor that diminishes not, until the system is relieved. Those, on the other hand, who see the terrific phantom constantly before them, and relax their antiphlogistic remedies from fear of weakness, are the very ones who show us most of the disease. Boisseau remarks, and it has the more weight coming from a Frenchman of that period,—"experience daily proves that from the neglect of this curative measure (bleeding), the inflammatory fever degenerates into gastric, adynamic or ataxic fever. (On Fever, p. 95.) Gordon states the same of puerperal fever. (On epidemic puerperal fever, p. 78.) So also Baudelocque (puerperal peritonitis, p. 326-7). M. Chailly, R. Lee, and many others hold similar language, and several speak directly of the secondary typhoid symptoms in the same terms *

It is unnecessary to dwell at great length on this part of the subject, as it will be inferentially considered when describing the treatment. We make a single remark, however, on the pathology. My opportunities for post mortem examination in these cases have not been sufficiently numerous to establish any very uniform appearances of other organs than the one primarily affected. In six out of ten fatal cases, the typhoid symptoms supervened on inflammation of the lungs; in three of these, the fatal event was evidently accelerated by habits of intemperance. In all, the lungs presented various stages of disease from simple congestion to entire disorganization; purulent infiltrations being most prominent. The right cavities of the heart were distended with blood, and in one instance fluid blood. The brain, stomach, liver, and intestines, presented various conditions of infection or disease, but it was impossible from so few cases to deduce any general results.

In one instance the pneumonia had been actively treated by Thomsonian stimulants for a fortnight, when Typhoid symptoms appeared, and death closed the scene in about four or five days. I examined this body, as far as allowed, with care, for I believed the death to be caused by uncured inflammation, aggravated by destructive remedies. Right lung adhered, throughout, to the diaphragm and pleura. The lower lobe was completely gorged with black blood, and nearly disorganized —rotten: the middle lobe equally gorged, but altered in structure: upper lobe congested, but less altered—it was ordinary congestion. Left lung slightly congested in the upper portion, becoming more advanced in hepatization as we descended, the lower part being nearly solid, and adhering to the pleura, which was more or less inflamed throughout. Heart nearly natural, perhaps a little dilated and flabby. Stomach

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* The subject of puerperal fever, with perhaps the single exception of pneumonia, is one of the best illustrations of our position. The experience of the best practitioners establishes beyond dispute, the value of thorough depletion, and the danger of half way remedies. See Denman, Walsh, Manning, Millar, Clarke, Cooper, Hume, White, Dewees, Lee, and Chailly. The latter experience of Hey is most instructive (Hey on puerperal fever).

empty, and congested through its whole extent, with occasional spots where the mucous membrane was softened and easily abraded. The intestines presented very much the same appearance, except that the softening was more extensive. The glands of Brunner were also inflamed to a considerable extent. Here, as far as the lungs are concerned, we have a case of simple pneumonia, progressing, or rather hurried, to a Typhoid termination, and the post mortem appearances justify our position as to the production of the dreaded debility. The appearances of the stomach and bowels may have been, and probably were, owing to the lobelia and pepper. Another case was puerperal peritonitis, which plainly progressed from simple inflammation to purulent effusion. Blood-letting was practised, but not early in the disease, neither was it carried to a sufficient extent. Typhoid symptoms supervened the fourth week, and death followed in a few days. We were not permitted to examine more than the abdomen, but the appearance of the peritoneum, and more especially where it covered the uterus and ovary, gave weight to the opinion I have mentioned. These examinations are not offered as affording any conclusive ground for defending the points advocated in the present inquiry. They have a weight with me, however, seeing as I did many of the attending circumstances, which they cannot have from the mere narration. But, aside from the post mortem appearances, there is reason to believe, judging from the symptoms alone, that the secondary Typhoid condition is almost always accompanied with inflammation of the lining membrane of the bronchial tubes. This lesion was uniformly present in the fatal cases already referred to; yet from the nature of the primary inflammation, and other circumstances attending, a bronchial irritation might have reasonably been looked for, aside from the Typhoid condition.

I am unable, from the limited observations I have made, to state whether this lesion may be a cause or consequence of the deteriorated blood and secretions. It probably may be either; yet I am inclined to believe that the mucous membrane of the bronchia and lungs becomes sensibly impaired in its functions previous to any well marked invasion of Typhoid symptoms. It is not to be inferred from this, that bronchitis alone will cause the Typhoid condition; for we know that bronchial inflammation, whether active or passive, may exist in all its stages, as a pure inflammation; yet, when we consider the important function performed by this part of the system, and consider also the havoc already made on the vital powers by the previous inflammation of any important organ or tissue, we are justified in attaching great importance to the condition of the bronchial mucous membrane. The chest should be explored frequently and carefully, and any evidence of inflammation should be attended to without delay. We have said that bronchitis *generally* occurs: we believe, also, that in a smaller number of instances, the brain is inflamed; yet the symptoms attributed to disease of this organ may be owing, in part, to the poisoning effect of deteriorated blood. Other organs, and especially the mucous tissue of other organs, may be implicated; and in all cases, the most scrupulous care should be exercised to detect any secondary inflammation. It is unnecessary to pursue this further; yet any amount of authority could be collected, to prove that common inflammation of an important organ may, by bad or inefficient treatment, produce symptoms closely resembling in many respects those of true Typhus, and yet, upon careful investigation, be found widely different.

It is unnecessary to increase the size of this paper by speculations as to the proximate cause of this secondary condition ; it is sufficient for our present purpose to establish a correct diagnosis between it and a true state of debility, and to inculcate a successful course of treatment. To determine the exact pathology of this state of the system is, however, a desirable inquiry, and which, though unnecessary here, would be profitable to the profession at large. The literature of the profession is in fact deficient on this head ; we have a great deal about local inflammations complicating typhus, yet we have comparatively nothing of local inflammations degenerating into secondary Typhoid. And yet so far as my information extends, the latter is more practically important than the former. Hundreds die yearly among us, victims to this artificial disease—both physician and friends consoling themselves that it was true unavoidable typhus, whereas the latter disease is in fact comparatively rare ; and though when it does prevail it desolates in darkness, and wasteth at noon-day, yet the very terror which accompanies its footsteps, urges the profession to close inquiry, as to its cause and cure. The secondary Typhoid, on the other hand, is an every day disease, stealing insidiously on the patient and too often on the physician, finally triumphs under circumstances which cause but little anxiety in regard to other similar instances, and consequently, there is nothing to compel a close investigation. The result is, that while the epidemic has been most accurately studied in all its bearings by the most talented in the profession, the disease of daily occurrence has passed by almost unnoticed ; yet I doubt not if the victims of the two diseases could be accurately counted and compared, it would be found that the occasional desolations of the dreaded epidemic would not exceed the daily mortality of the secondary Typhoid. The number of deaths reported as occurring in the city of New York, from 1805 to 1836, includes 3602 attributed to typhus (that is secondary typhoid), and but 2486 from other specified fevers, although this period embraced the yellow fever of 1822. A comparison of the reported deaths for the last ten years would probably show a still greater difference. The proximate cause of secondary Typhoid is therefore a subject of paramount interest, yet it would require more space than we have at present to enter upon its consideration. The able dissertations of Professor Paine, of New York, though not coming exactly to the point now at issue, are still a most able exposition of many of the phenomena of the secondary Typhoid condition. We refer more particularly to his essays on bloodletting and venous congestion ; and though perhaps unwilling to endorse all his deductions, any one who will carefully and critically read them will receive a profitable addition to his fund of medical knowledge and an expanded idea of medical practice (Medical and Physiological Commentaries, by Martyn Paine, New York). Avoiding, therefore, all speculative investigations, there will be less danger of an incendiary practice, and we thus more readily overcome the preconceived prejudices of early impressions, by an appeal to experience as observed by ourselves, and facts as recorded by others. We now approach the most important part of the inquiry, and shall endeavor to do so with all candor and fairness in treatment.

Previous to considering the treatment proper for the secondary Typhoid condition, it will be necessary to revert for a moment to the treatment which should be adopted in the earlier stage of the inflammation. This course will be the more satisfactory because, as already remarked, I believe a reliance upon improper remedies, or a timid and vacillating application of even appropriate remedies, contributes largely, if not exclusively, to create those adynamic symptoms, so often supposed to indicate a state of true debility. It would be unnecessary to extend our investigation to every acute inflammation, for if we can establish the general principles we entertain, then the examination of inflammation in general will convey every important consideration; understanding, of course, that the treatment must necessarily be modified in its minor details according to the function of the organ or tissue primarily affected. It would be of some practical utility to inquire what local inflammations are most liable to be followed by secondary Typhoid fever; the inquiry, however, would be somewhat uncertain, and would also increase too much the size of this essay. For the same reason we shall omit a notice of the many modes of treatment recommended in accordance with the multiplied and varied theories of the proximate and exciting cause of inflammatory affections, and confine our remarks to such treatment as we consider worthy of most reliance, and shall endeavor to support that opinion by sufficient authority; premising, however, that we regard no authority as worthy of confidence, unless that authority is sustained by indisputable facts. A beautiful theory, however ably devised and however plausibly and eloquently defended, even by a great philosopher, is of no weight, unless sustained by the unerring authority of established facts. Great learning and bold deductions are not worthy of confidence, unless accompanied by sound judgment and proper discernment. It is according to the authority of facts rather than words, that we are to be guided.

(To be continued.)

PART SECOND.

Critical Analysis.

ART. XII.—*Report of a Special Committee of the House of Assembly of the State of New York on the present Quarantine Laws.* 1846. 8vo. pp. 317.

IN our No. for May, p. 452, we noticed the above Report so far as to give an abstract of the essential features of the Act recommended by the Committee to the Legislature for adoption ; since then the act has passed, and is now a law of the State.

The Committee was composed of Messrs. D. E. Wheeler, C. Comstock and R. H. Hine, and they appear to have discharged their duty with commendable diligence and ability, although we must be allowed to differ from them in some of the conclusions at which they have arrived. In the course of their investigations, they addressed circulars to medical men, containing certain interrogatories, and answers were returned by Drs. Vache, Harris, Townsend, Francis, Sweetser, Manley, Hort, Wallace, Reese, Ruschenberger and Archer.

The opinions of the physicians do them much credit, but they are too voluminous for our pages. As might be expected, there is some diversity of views relative to the origin and propagation of yellow fever, although there is an unexpected harmony as to the measures which ought to be adopted to guard against it.

In addition to the testimony of the physicians above-named, we have the opinions of several ship-owners, merchants, and others engaged in trade and commerce, from which we gather that the present quarantine regulations are regarded as altogether more stringent than necessary, and that a relaxation of them would be supported by public opinion. Commodore Jones expresses the belief that no vessel should be quarantined, from whatever port or climate she may come, provided the crew are in health, and the vessel has been eight or ten days on her passage ; that if there be any sickness on board, *the physician of the port can best decide, from the nature of the disease, the time and manner of the quarantine.*

Since the Report which we are noticing was presented to our Legislature, our quarantine laws have been modified and rendered somewhat less stringent than they have been for many years past. The present Quarantine Law for this port embraces twenty-seven sections, some of which, we regret to say, are of very doubtful expediency. For example—

"No vessel, found on examination by the Health officer to be infected with the yellow fever, or to have been so infected, after sailing from her port of departure, shall be permitted to approach within three hundred yards of the city of New York, between the first day of May and the first day of October in the same year."

Again—

"Vessels arriving at the port of New York shall be subject to quarantine as follows :

All vessels direct from any place where yellow, bilious malignant, or other pestilential or infectious fever existed at the time of their departure, or which shall have existed at any place, and proceeded thence to New York, or on board of which, during the voyage, any case of such fever shall have occurred, arriving between the first day of May and the first day of October, shall remain at quarantine for at least thirty days after their arrival, and at least twenty days after their cargo shall have been discharged, and shall perform such further quarantine as the health officer shall prescribe."

The Health officer is invested with certain discretionary powers, but they do not reach as far as the cases above referred to. For instance—

The Health officer shall have power,

1. To remove from the quarantine anchorage ground any vessel he may think unsafe, to any place south of the quarantine buoy, and inside of Sandy Hook.

2. To cause any vessel under quarantine, when he shall judge it necessary for the purification of the vessel or her cargo, to discharge her cargo at the quarantine ground, or some other suitable place out of the city.

3. To cause any such vessel, her cargo, bedding, and the clothing of persons on board, to be ventilated, cleansed and purified, in such manner, and during such time as he shall direct ; and if he shall judge it necessary to prevent infection or contagion, to destroy any portion of her cargo, bedding or clothing, which he may deem incapable of purification.

4. To prohibit and prevent all persons, arriving in vessels subject to quarantine, from leaving quarantine, until fifteen days after the sailing of their vessel from the port of her departure, and fifteen days after her last case of pestilential or infectious fever that shall have occurred on board, and ten days after her arrival at quarantine, unless sooner discharged by him.

5. To permit the cargo of any vessel under quarantine, or any portion thereof, whenever he shall judge the same free from infection and contagion, to be conveyed to the city of New York, or such place as may be designated by the mayor and commissioners of health, after having reported in writing to the mayor and commissioners of health of said city the condition of said cargo, and his intention to grant such permission ; such permission, however, to be inoperative without the written approval of the mayor and commissioners of health.

We are happy to learn, that emigrants and steerage passengers from Europe are now permitted to come direct to our wharves, and that our present worthy Health officer, Dr. Van Hovenburgh, is not disposed to continue the burdensome, barbarous, and unreasonable practice of compelling all emigrants, from whatever port they may arrive, to be landed at the quarantine, there to be huddled together like flocks of sheep, exposed to the night air, or to the storms and hot sun of the season ; then to be crowded on board of boats and lighters, and landed in the city wherever the convenience of the ship-owner may suggest. It is indeed high time that this most abominable system, which has too long prevailed, should come to an end. It is one of the marvels of our age, that such absurd regulations as some of those connected with the quarantine of our city, should have been tolerated to the year of our Lord 1846. We will advert to a *few* of the *modern* decisions of our Board of Health.—It has been decided that *sugar* in *casks*, coming from Havana, New Orleans, &c., in a *healthy* vessel, need not be removed to some place out of the city, nor undergo the process of purification; but that sugar in *boxes*, coming from such ports, though in a healthy vessel, must undergo ventilation and cleansing. It has been decided that sugar, both in casks and boxes, coming from such ports in a vessel in which any death has occurred on the voyage, cannot be landed in the city, but must be taken somewhere else, and be ventilated and cleansed. Stranger still, it has been decided by our Board of Health, that *iron*, *lead*, and even *tobacco*, coming from such ports in vessels, in which deaths have occurred during the voyage, must be *ventilated* and *cleansed!!*

We have known an instance, where a merchant applied to the Board for permission to bring 20 puncheons of *rum* into the city from Brooklyn, which was imported from New Orleans in a vessel in which several persons died on the voyage; but it was decided that it could not be safely brought over. *Smoked hams* and *tongues* on board the same vessel were condemned also, as unsafe articles to be trusted within the limits of the city.

Vessels arriving from ports where yellow fever rarely if ever prevailed, and loaded with *logwood*, have, on their arrival, the crew and passengers all being in health, been subjected to quarantine, the cargo of logwood put on board lighters and taken to Brooklyn (devoted city!) and there stored. Permission was asked by a firm in this city to land some coffee, which arrived from the West Indies, on board a healthy vessel; it was denied on the ground that if consent was granted, the Board of Health might be called together too often, to decide on similar cases!

Mr. Robert Kermit, owner of a line of New York and Liverpool packets, tells us that although the curtains, linens and bedding on board the packet ships are of the best materials, and kept carefully clean, the table linen and bed-linen are, not unfrequently, required to be sent to the quarantine, and there *washed*, and after being sent for and paid, returned to the ship. The washing perquisite must have been a very pretty item in the sum total of the Health officer's receipts.

One of the most remarkable features in the history of our quarantine regulations, was that permitting *healthy vessels and cargoes*, after two days' quarantine, to come to and discharge at Brooklyn. This was on the ground that said cargo either contained the *fomites* and yellow fever, or from its nature might generate it, and so it was directed to be sent to *another city*, the inhabitants of which they must have supposed to be fever-proof—a city five minutes distant from New York, between which the intercourse is as great as between any two portions of New York itself—the cargoes, moreover, were discharged by stevedores who lived in New York, and returned every evening to the city. New York merchants were continually occupied with these cargoes, which, after being discharged, were permitted to be taken to the city for shipment; and what is still more remarkable, these healthy vessels, after having discharged a healthy cargo, and been cleansed and ventilated, were not permitted to come to New York to reload, until after the 1st day of October, although they may have arrived on the 1st day of June. We have never heard that the good people of Brooklyn have ever suffered from having been made the Lazaretto of New York, or even objected to these vessels and cargoes arriving there; doubtless, to the advantage of store-keepers, wharf-owners, laborers, mechanics, &c. We have seen, for a period of more than 20 years, steerage passengers from Europe arriving during summer, to land at quarantine, where they were obliged to have their clothes washed, while in the mean time they were exposed to all weathers, in all hours, upon the decks of open lighters, and then landed in haste, in a strange city, at the mercy of a gang of sharpers, who lived by imposing upon poor emigrants.

It is impossible to calculate the injury which the commerce of this city has sustained by these absurd and burdensome restrictions. The residents, however, have submitted to them with a meekness worthy of admiration, if not praise. We have seen, for a long series of years, that in consequence of these regulations, *unknown to almost any other city in the United States*, or Europe, that freights during the quarantine months were not easily obtained for this city, as consignees or owners of goods and merchandise sent them to Boston or Philadelphia, or other ports, where the cargoes were not subject to such heavy charges and great delays.*

But it may be said, this was under the old *regime*. So it was, but let us see what are our present regulations.

" § 5. The Health officer, the Board of Health, or the Mayor and Commissioners of Health, may, if in their opinion it will not be dangerous to the public health, permit the cargo of any vessel under quarantine, or any part thereof, to be shipped for exportation by sea, or transportation up the North or East river; but if the vessel receiving the same, shall approach nearer than three hundred yards to the wharves of the city, such cargo may be seized, and sold by the Commissioners of Health, for the use of the marine hospital."

That is to say, if the Health officer, &c., thinks it would be dangerous to the inhabitants of this city to permit a certain cargo to be landed, they may, if they think the same would not be injurious to the citizens of Rondout or any other place up the North or East Rivers, allow the cargo to be re-shipped to said place; but mind ye, if the vessel receiving the same, comes within three hundred yards of New York city, such cargo shall be forfeited and sold for the use of the marine hospital! It is difficult to know which most to admire, the humanity or the wisdom of such a regulation!

The following provision shows what a salutary relaxation the health laws have undergone in their recent revision.

" But the Health officer, with the permission of the Board of Health of the cities of New York and Brooklyn, may permit any vessel arriving at the port of New York to proceed to some wharf designated by the board of Health of either of the cities of New York or Brooklyn, and discharge its cargo: provided satisfactory proof be given to the Health officer that the port or ports from which said vessel sailed were free from contagious or infectious disease at the time of her sailing therefrom, and that no sickness of a contagious or infectious type has existed on board the vessel during her entire voyage."

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* We are acquainted with commercial houses in this city, which have paid several thousand dollars a year, for many years, for the single item of *lighterage*, additional to the ordinary expenses incident to the trade, without quarantine restrictions; then there is the expense of storage, loss of time, &c.

But notwithstanding the relaxation of quarantine, as regards the city of New York, we believe that it is still unnecessarily onerous and severe. We have seen that no vessel arriving here between the first day of May and the 1st day of October, on board of which there shall have occurred a case of yellow fever, can be permitted to approach within three hundred yards of the city ; and vessels " direct from any place, where yellow, *bilious*, *malignant*, or OTHER *pestilential* or *infectious* fever prevailed at the time of their departure, or *which shall have existed at any place*," and all vessels on board of which " *any such fever* shall have occurred," arriving between the 1st of May and 1st of October, must undergo a quarantine for thirty days, and twenty days after their cargo shall have been discharged, and " shall perform such further quarantine as the Health officer shall prescribe."

Not to criticise the phraseology of this act, which would seem to admit of almost any construction which the Health officer might put upon it, we may be permitted to question the necessity of subjecting vessels so circumstanced, to undergo so long a quarantine, or even, in many cases, any quarantine at all. It will be useful in this connection to glance at the quarantine regulations of our Atlantic cities, and see how it is that they succeed in barring out this great scourge of yellow fever.

QUARANTINE IN BOSTON.—We begin with the city of Boston ; and we cannot give a better account of its quarantine regulations, than by publishing the following letter, with which we have been favored by its able and efficient Health officer, Dr. J. V. C. Smith. We may add, that it is in reply to certain queries which we addressed to him. Dr. S. has filled his present office for more than 20 years, with universal acceptance and popularity.

"*Boston*, *July 7th*, 1846.

" DR. LEE,

" Dear Sir,—I am so pressed for time, and withal, nearly worn out with various labors, that unless your letter is answered at once, a fear comes over me that it may be too long neglected.

" With respect to your modified system of quarantine laws, they are abominable, and it is surprising to me that the merchants of New York will submit to such miserable management, which actually tends to the positive injury of commercial enterprise and thrift.

"1*st.*—In the Port of Boston, the process of cleaning a vessel, provided it is necessary, is as follows :—viz. opening the hatches,—hoisting bales, boxes, &c., on deck, so as to give an opportunity for free examination—throwing straw, wet boards, barrels, old damp clothing, beds, &c., overboard, or burning them, as thought best by the physician. The smoke of sulphur is then driven through the interior, thoroughly, and chloride of lime strewn about afterwards. All damaged fruits, articles of cargo, &c., are taken out, which are discoverable. If the entire cargo is ordered out, then white-washing, clearing the bilge water, &c., follows, together with re-painting in some cases. Bales of rags, wool, &c., are opened, if very bad, in the public store at the quarantine, and freely exposed to the best of all disinfecting agents,—a good current of fresh air.

" 2*d.*—Vessels may accomplish all that is required, in three hours as well as three days, unless the circumstances are of a very marked character, requiring time for some anticipated development of disease, supposed to exist on board.

"*3d.*—No vessel in the port of Boston is now required to stop at the quarantine ground at all. The pilot anchors them before the city—where they are inspected. If all the crew are well and have been so during the voyage—and the bill of health speaks favorably of the public health at the port of departure, the vessel warps up to any wharf in the city, and begins at once to discharge, without any reference to the kind of cargo on board. I give a permit to do so,—making the officers inspectors—as you will discover by the enclosed blank—who allow nothing to leave the vessel in a damaged condition. By this plan, no one suffers from unnecessary delay; we stop nuisances from the ocean, and prevent their accumulation in the warehouses. The sick are sent to the different hospitals, according to the nature of their complaints, if they have neither friends nor homes. If they have either, they are permitted at once to leave the vessel and go to them. If any one has an infectious malady, then the physician detains him, and he alone is a subject for quarantine detention. Our system does not keep the crew in confinement, or detain them from their business. The merchant has his goods immediately, without detention or the payment of any fee. Damaged goods are sent to the quarantine to be aired, dried, washed, cleansed, &c., as circumstances require, and so are the sick. Vessels are sent there when there is a prospective danger from them, if permitted to remain in the city, but not without. Hides, skins, hair, wool, rags, carpets, feathers, &c., are landed here freely, every day in the spring, summer, and autumn—for no one is denied—without the least injury to the public health; as before remarked, in the process of discharging, any damaged article cannot be landed. This constitutes the value of the Boston system; it is based on common sense principles.

"*4th.*—I have no recollection of a case of yellow fever having appeared in Boston within the last twenty years,—the period of my official relations. I see many cases that some medical gentlemen might, perhaps, call yellow fever, but there must be vastly stronger evidence than I have ever yet had presented, before I should feel warranted in alarming the city by announcing the existence of that much dreaded scourge.

"If the Boston system of quarantine were introduced into the great port of New York, one single season, I feel confident that all the people—and certainly the mercantile community—would say, Amen. I should like of all things to show your legislators the working of this excellent system; it is always in force, the year round, but never oppressive, onerous, or vexatious, either to owners, consignees, emigrants, shippers, the public authorities, or the public.

"Only yesterday, I furnished blanks, books, and experience, for the Philadelphia Board of Health, at the request of the secretary; hence some modification is probably in contemplation there, it is presumed.

"I am too much occupied to furnish such tabular statements as you request. The foregoing remarks embody all that is essential in the working of our external health law machinery.

"Very respectfully yours,
"J. V. C. SMITH,
"Health Officer of the Port of Boston."

Under such regulations as these, Boston has kept free from yellow fever, since the year 1819, when a few cases occurred from exposure to the foul air, contained it is said in the hold of the ship *Ten Brothers*, which had gone through the full course of quarantine, without any examination of her condition, or even opening her hatches, until her arrival at the wharf. In consequence of the cases of yellow fever thus occurring, our eastern brethren in the profession, commenced the discussion of the contagiousness of yellow fever, in the North American Review, and the public journals, which was continued until the whole community was convinced that the disease was not contagious, and that the system of preventive measures which had so long existed, founded upon the supposition of contagion, was not only burdensome to commerce, but inefficient, deceptive, and dangerous. The result was, the enactment of regulations, entirely adequate to accomplish the object in view, and yet not sufficiently onerous as to be felt by the commercial community.

Quarantine in Philadelphia.—According to the Health Law of Philadelphia, if it shall appear upon examination, that the ship or vessel come from a port or place at which a malignant or contagious disease prevailed, such vessel shall be detained at the Lazaretto, *for such time as the Board of Health may deem necessary, not exceeding* 20 *days.* And the Board shall determine and direct what measures shall be pursued to cleanse the vessel and cargo, purify the clothing and baggage, and restore the health of the diseased persons on board. Certain goods, however, are permitted to be brought to the city in lighters, such as wine, sugar, rum, &c. At the expiration of the quarantine, if none of the crew or passengers have been attacked with a malignant or contagious disorder, the Board may allow the vessel to proceed to the city, but in cases where sickness has prevailed to a limited extent, either during the voyage, or since her arrival at quarantine, the vessel shall be detained such farther time as the Board shall deem necessary; this in general, we are told, has been 20 days from the sickness or death of the last person attacked, in cases of yellow fever; when, however, there has been much sickness on board, the vessel is to be discharged, and the cargo, except such articles as have been specified, shall be stored; the Board, however, may grant permission for the whole of a lading of a vessel thus detained to be brought to the city in lighters; the vessel, in cases where she has been in a filthy and offensive condition, is not permitted to go up to the city, during the quarantine season, but must take her outward cargo on board at the Lazaretto. The vessels which are subject to detention are—1. Those from a foreign port at which sickness may prevail, or those detained under a special order of the Board;—2. Vessels from a port in the United States which have only touched there on the voyage from a foreign port;—3. Vessels from the Mediterranean; in the latter case, should any of the crew or passengers have been attacked with the plague during the voyage, the vessel must be unloaded, and her cargo cleansed, and no part permitted to enter the city for 20 days;—4. All vessels from infected ports in the United States, all vessels south of Cape Fear, are subject to detention at the Lazaretto; and all vegetables, fish, or hides, are not permitted to discharge their cargo, until a permit shall be obtained from the Board of Health, and also that within 48 hours after the discharge of every vessel, the captain, owner, or consignee must report the same, and the Board, if they think proper, shall have said vessel cleansed and purified. Thus it will be perceived that the law is very general, the particular application of it being committed to the Board, where it should beleft.

QUARANTINE IN BALTIMORE.—In Baltimore the quarantine laws are still more general in their operation, and provide that all vessels arriving from foreign ports or coastwise, between the 1st of May and 1st of November, shall bring *to* below the city, and there remain until visited by the Health officer, who shall either permit them up to the city, or, if there has been sickness on board, or other circumstances which he may consider dangerous to the health of the city, shall order them to the Lazaretto, there to be discharged, cleansed, and purified.

We have been furnished, through the kindness of Prof. H. W. Baxley of Baltimore, with the following letter from the President of the Board of Health of that city, which gives us all the necessary information relating to her quarantine system:

"HEALTH OFFICE, BALTIMORE, July 14th, 1846.

"DEAR SIR:—I herewith transmit to you a copy of the Quarantine laws of the city, as the very best answer I can give to the first branch of Dr. L.'s inquiry. It will be seen by a reference to them, THAT THE WHOLE SUBJECT OF QUARANTINE IS LEFT TO THE DISCRETION OF THE HEALTH OFFICER; and it becomes his duty to carefully examine into the health of the officers, crew, and passengers of such vessels, the condition of the cargo, the state of the vessel as to cleanliness, and generally into all such circumstances as may, in any way, affect or concern the health of the city: and *if he shall believe it to be unsafe* to permit any vessel so examined to unload her cargo, or to come to the wharf, he shall order said vessel to the Lazaretto wharf, or to some other place within the harbor, where it may be safe and convenient to perform the necessary purification, which shall be done in such manner as may be directed by the Health officer, and to his entire satisfaction. Such is the law. The manner in which it is executed by our present worthy Health officer, Dr. Dan. H. Lawrence, is as nearly in accordance with the letter as possible: no vessel is detained unless in his opinion—founded, too, upon close observation—there is something in the condition of those on board or of the cargo, which will jeopardize the health of the city. If the vessel is unclean, or if the cargo is of the nature or in the condition to generate malaria, then it is detained until it can be purified by thorough washing, and a free use of the chloride of lime, and other disinfecting agents; as soon as the work of purification is completed, and the sick, if there be any, removed, the vessel is allowed to come to the wharf. The period of detention varies from one to four days—never longer, unless in the case of small-pox or some of its modifications.

"There is no specific regulation respecting 'raw hides, skins, wool or rags.'

"There is no record or other information in this department, which enables me to trace any case of yellow fever to any vessel arriving at this port. I believe it is the general opinion of physicians in this city, that yellow fever is of local origin, and is not contagious.

"I have thus briefly answered the several queries propounded by Dr. Lee, without any attempt at argument on any point of inquiry. In the hope that it may prove acceptable, I have the honor to remain,

"Very truly your friend and servant,
"WM. S. LEONARD, M. D.
"President of the Board of Health

"PROF. H. WILLIS BAXLEY."

Quarantine in Charleston.—From the Quarantine laws of this city for the present year, we quote the following extracts, which show that although not as stringent as our regulations, still the Health officer is not vested with entire discretionary power, as in Baltimore, Philadelphia, and Boston :—

" It shall be the duty of the Port Physician to examine every vessel brought to Quarantine, as soon thereafter as practicable.

" Every vessel arriving from the Gulf of Mexico, or the West Indies, from any part of the Mediterranean Sea, or from any place where infectious or malignant maladies usually prevail, or where any infectious or malignant diseases, the small-pox inclusive, may prevail, at the time of the departure of such vessels therefrom, but having at the time of the arrival of such vessels no infectious or malignant malady on board, shall be subjected to the quarantine of five days, but which may be extended at the discretion of the Port Physician.

" Vessels coming from any port or place whatever, with malignant or infectious maladies on board, shall be made to perform a quarantine of twenty days or more, if in the judgment of the Port Physician a longer time is necessary."

The following letters relating to the health regulations of Charleston, with which we have been kindly favored by Dr. Frost, will be found interesting :—

" Charleston, July 21, 1846.

" Dr. Charles A. Lee,

Dear Sir :—I have received your communication, dated July 6th, and forward you the opinions of our Port Physician on the points inquired of in your letter. He has also kindly favored me with a report read before the Board of Health in 1839, which will interest you, and which I also here send. I send you a No. of a daily paper, the ' Southern Patriot,' containing the proclamation of the Mayor on the subject of Quarantine, with the regulations to be enforced during the hot season.

" The only inquiry in your letter to which I would make some observations is the fourth :—" Has yellow fever ever been traced in your city to vessels thus arriving, and if so, how recently ?' That yellow fever was engendered in our soil and climate, seems to have been the opinion of a very large majority of the physicians of our city. These opinions have been shaken by the occurrences of the summer of 1839. By referring to the report sent you, page 8, you will find the case of the ship Burmah related, and it was from the occurrences growing out of that case that a change of opinion has taken place. By reference to it you will find, that the yellow fever was introduced into our city as early as the 7th of June, three patients being admitted into the Marine Hospital on that day ; that between the 7th and 17th and 19th, cases occurred in neighboring vessels, coming from healthy ports, and having healthy crews, and which were also sent to the Hospital. These facts are important upon the subject of importation, because the disease appeared at so early a period as is unprecedented in our medical records. From the wharf and shipping, the disease extended to the occupants of stores and counting-houses in the neighborhood, and several deaths occurred from the disease among them. The disease also terminated at an unusually early period, this season.

" From these facts, without going more into detail, we think that the disease is communicable ; but, to be communicated, there must exist a predisposition in the climate of the place to take on this morbid action, if I may so say. Now, the atmosphere of our city and wharves during the summer, cannot be considered free from peccant matter, though the quantity has diminished much of late years, from the precautions taken by the Board of Health, and other causes: yet at certain seasons it seems augmented in a considerable degree, either from atmospheric or telluric operations. Any increase to this state, either by the introduction of cases of fever, or a foul ship into our community, seems sufficient to light up disease; as a little leaven leaveneth the whole mass.

" Such are the views I would offer in a very brief manner upon the subject of the fourth inquiry. I need not extend my remarks, as the documents I send you, and the letter of our Port Physician, will furnish you all the information in my power. I shall be pleased to see yonr comments upon the subject. I remain, dear sir,

" Yours truly,
" HENRY R. FROST."

"*Charleston, July* 17, 1846.

" Dr. Frost :

" Dear Doctor—I send you with pleasure, in accordance with your request, answers to Dr. Lee's questions, and a Report made to the Board of Health in 1839, which, I regret, has many typographical errors, and does not enter into any elaborate description in relation to contagion.

" Yours, very truly,
" THOS. Y. SIMONS,
" Port Physician, and Chairman of Board of Health."

" *The Mode of Purifying Vessels, &c., &c.*

" All offensive materials are taken away, if there be any such, as damaged goods; the bedding and clothes are well washed and ventilated, and in some instances destroyed; the hatches taken up and freely ventilated: the cabin and forecastle well scoured: chloride of lime used: the latter white-washed. This is only done when sickness exists on board.

" *How long vessels coming from intertropical, or unhealthy ports, are to be detained at Quarantine, &c., &c.*

" *A.* If no sickness is existing, and the vessel is cleanly, after examination, it is allowed to come up, the captain being bound to let the Port Physician know if any sickness subsequently takes place. This, however, the physicians of the city cautiously do, when they are removed to the Lazaretto.

" *Are Hides, Skins, Rags, &c., &c., landed at your wharves in Summer Months?*

" *A.* I do not remember of any vessels arriving with such a cargo. The cargoes are usually coffee, sugar, molasses, and fruit. During the summer all damaged articles would be prevented from admission into the city, but none other.

" *Has Yellow Fever ever been traced to vessels arriving in your city, and if so, how recently?*

" *A.* In reply I refer you to my report of 1839, pages 8, 9, 10, 11. It is but justice to say, Dr. Stockel wrote a book to prove it was introduced here, which seemed to materially alter the views of Professor Dickson, who was previously the advocate of non-contagion; and here I may answer, "In saying, that the physicians heretofore, and now, believe Yellow Fever to arise from local causes, see Report, page 15, on arrivals.

"My object as Health officer has been to prevent, if possible, any case of sickness coming into the city, while at the same time, I have regarded a rigid and active system of internal medical police, not only equally, but infinitely more important. Since a strict and vigilant attention has been paid to this department, the health of the city has much improved, and I think I can safely say there is no healthier city on the sea-board in the United States. In 1838–9, the Fever occurred after a very extensive fire; and it is well known in every city, after great fires, fevers peculiar to the climates prevail epidemically. Respectfully,

"T. Y. SIMONS."

With regard to the ship Burmah to which Dr. Frost refers, we quote the following remarks from Dr. Simons's very able Report to the Board of Health, for 1839—

"The fever having occurred so early in the season, and so soon after its occurrence on board the Burmah, created suspicion of contagion in the minds of some, but I could not, upon the minutest investigation, come to that conclusion; and a Committee* appointed by the Medical Society, after making a minute and thorough investigation, came to the conclusion that the fever was not introduced by the Burmah, or by contagion, but was produced by the peculiar condition of our atmosphere; in other words, was endemic, and arose from causes among us.

"The following extracts I have taken, with the approbation of the Chairman, from the report:

"'By an examination instituted through reference to the captains and mates of the various vessels, whose information was given from the log books, your Committee have ascertained that they had, at the time of their sailing from the different ports, viz. Liverpool, Boston, and New York, for this port, perfectly healthy crews, with sound cargoes, incapable from their character of generating foul air. That there was no malignant disease prevailing at the time of their departure; that their crews had not, while in this port, any communication, either direct or indirect, with the Burmah or her crew; and finally, that *that ship*, in all these instances, lay in the stream, from a quarter to half a mile from them, except for a short period, of which mention will hereafter be made.'—*Page* 5.

"Again: 'The presumption is thus fairly induced, that the cleansing and ventilation must have disinfected her (the Burmah) sufficiently of her foul atmosphere for purposes of safety, *else why none other of her crew remaining on board* THENCE TO THE TIME OF HER DEPARTURE FROM OUR PORT, CONTRACT THE DISEASE?'—*Page* 7.

"Again: 'Thus far, your Committee have satisfied themselves, that the transmission of the fever through the agency of the Burmah is neither tenable as to fact, nor in accordance with the opinions of a great majority of the medical profession in this country,' &c., &c.—*Page* 8.

"Again: 'Your Committee therefore are of opinion, that the Yellow Fever which has prevailed, and still continues this season, has its origin, not from contagion derivable from those cases imported in the ship Burmah, on the 6th June last, but from local and general causes.'—*Page* 10.

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* The Committee consisted of Dr. A LOPEZ, Chairman, Drs. JAMES MOULTRIE, E. GEDDINGS, J. M. CAMPBELL, HENRY WINTHROP, and the President, J. E. HOLBROOK.

"It must be here remarked, that the month of June was uncommonly hot; and the whole of this summer was remarkable for the great drought, as well as high temperature. All our southern country experienced the same weather, and the principal cities south of Charleston have been invaded with Yellow Fever. At the latter portion of this year, a fever of the duration of twenty-four to forty-eight hours, affecting the head, the joints, the spine, very severely, occurred among natives and strangers; and as soon as it began to prevail, the Stranger's Fever diminished; this fever resembled the Dengue, and from the intense pain in the joints, was commonly called the Break Bone Fever. It in no instance proved fatal.

"I have been thus particular in the history of the commencement of the disease this year, because, from the coincidence of circumstances, it might be supposed that the fever prevailed either by infection or contagion: and the following reasons I offer against such a position, independently of the facts cited:

"1. It is hardly possible to suppose that the disease, after the statement made, could have been introduced by the Burmah, for it would produce an intensity of contagious or infectious principle, surpassing small-pox. For many years I have removed cases of small-pox from the city to the Lazaretto, whenever they occur, and there are not less than four or five occurring every winter, and yet this virulent and acknowledged contagious disease has never spread.

"2. It may be said, that infection arising from the condition of the vessels, might be the cause. In reply, I say, if such was the case, why does it not occur every year? for the same causes exist every year, viz. vessels arriving from the West Indies, and especially from Havana, in Cuba, where Yellow Fever always every summer prevails among the shipping.

"3. If the infectious principle was so powerful, why should it be confined so long to the shipping, when a free intercourse was had with them by laborers, and other inhabitants of the city, liable to the disease."

With respect to the question of the contagiousness of Yellow Fever, we cannot refrain from adding another extract from the same report—

"An interesting and important question now arises—What are the causes of the fever among us? At the first occurrence of Stranger's Fever (Yellow Fever) in different places, it was ascribed to contagion. 'The Yellow Fever,' says Good, 'as far as we have any record of its origin, was at Barbadoes, whence it spread to different West India Islands, and at length made its appearance at Boston, in North America, in 1693, to which place it was carried from Martinique, by the fleet under Admiral Wheeler.' Wherever it occurred, without looking to local causes, or the condition of the air, it was ascribed to this cause. In 1793, 94, 97, it visited Philadelphia. It was ascribed by Dr. Rush, and other physicians, to contagion; and that eminent physician strongly advocated this, led on, as many before him, by the misconceptions of others who did not thoroughly and carefully review the subject, assuming a postulate, which had not been proved, and making sweeping conclusions from a few insulated facts, or accidental coincidences. But he changed his views, and I here present the same to you. In a letter addressed to Dr. Miller, of New York, he says, 'You will perceive from the facts and reasoning contained in this letter that I have relinquished the opinion published in my account of the Yellow Fever, in the years 1793, 1794, and 1797, respecting its contagious nature. I was misled by LINING, and several West India writers. I am aware of the influence which such changes in medical opinions, as I have acknowledged, have upon a physician's reputation; but small indeed should I consider the total sacrifice of mine, could it avert the evils which are connected with a belief in the importation of pestilential diseases.' In the fourth volume of his Medical Inquiries and Observations, he says: 'He begs the forgiveness of the friends of science and humanity, if the publication of that opinion' (alluding to contagion) 'has had any influence in increasing the misery and mortality attendant upon that disease. Indeed, such is the pain he feels, in recollecting that he ever entertained or propagated it, that it will long, and perhaps always, deprive him of the pleasure he might otherwise have derived, from a review of the attempts to fulfil the public duties of his situation.' In fact, it has been the custom, and I may add, the fashion, of physicians, to ascribe every epidemic, at first, to contagion, but after a careful investigation, these opinions have been altered, as in the case of Stranger's or Yellow Fever, Cholera, &c. In Charleston, generally, the physicians, as long as I have been in practice, have regarded the Stranger's Fever as endemic to Charleston; in other words, liable to occur from a peculiar state of the atmosphere among us, as Typhus Fever, &c., are peculiar to countries in northern latitudes, and that it is not introduced by contagion or infection; and this opinion has been long entertained. Dr. DAVID RAMSAY, in a letter to Dr. MILLER, of New York, 1800, remarks: 'the disputes about the origin of Yellow Fever, which have agitated the Northern States, have never existed in Charleston. There is but one opinion among the physicians and inhabitants, and that is, that the disease was neither imported nor contagious. This was the unanimous sentiment of the Medical Society, who, in pursuance of it, gave their opinion to the government last summer, that the rigid enforcement of the quarantine laws was by no means necessary, on account of Yellow Fever.' I will barely mention, in conclusion, that M. CHERVIN, who visited every portion of the United States, West Indies, and the continent of Europe, where Yellow Fever has prevailed, came to the conclusion from inquiries, experiments, and investigations, that it was not contagious, nor could it by commercial intercourse be spread in a city.

"In another place it has been remarked, that the Committee of the Medical Society, in their report this year, gave it as their decided opinion that the Yellow Fever arises neither from infection nor contagion.

"Abundance of other testimony, equally strong, could, if necessary, be adduced.*

"Although such has been the medical opinion here, and generally elsewhere, quarantine regulations have always been deemed necessary, and the great object has been to carry it on efficiently without injuring commerce. For some time it was thought best to require of the pilots, at all seasons, to bring only vessels having sickness on board, to quarantine, where they were inspected, cleansed, and ventilated, and the sick sent to the Lazaretto. But since the violation of instructions by one of the pilots, in bringing in the Burmah, with fever on board, as already related, and some excitement having arisen, to avoid similar events, it was determined that all vessels from ports where fever prevails, should be brought to quarantine during summer, whether having any sickness or not, and be thoroughly ventilated, and as far as practicable, cleansed, which was faithfully executed this summer. The plan now is, to issue a circular in the summer and winter, to the pilots, directly after the Mayor has issued his proclamation. With the best exertions, some cases will elude our efforts, and sometimes cases have occurred that were well on arrival, who have taken sick afterwards."

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* I refer to BANCROFT on Fever, who I think with M. CHERVIN, has settled this question.

QUARANTINE IN SAVANNAH.—The following letter from our correspondent, Dr. Le Conte, gives a very full and interesting account of the Quarantine regulations of the city of Savannah, Georgia.

"SAVANNAH, July 6th, 1846.

"PROF. C. A. LEE,

DEAR SIR:—Your letter of the 16th instant reached me several days ago, since which time I have been making such researches as might enable me to answer your interrogatories in relation to our quarantine regulations. Before doing so, perhaps it is best to premise, that the Act of the Legislature of December 10th, 1803, gives the Corporation of the city of Savannah, full jurisdiction in all matters relating to cases of quarantine. The Act of Dec. 19th, 1823, requires the Mayor and Aldermen to elect a Health officer annually, and empowers them to regulate his compensation. The city ordinance of May 22d, 1828, fixes the salary of the Health officer at $350, and requires him to attend all cases which may be carried to the Lazaretto. Except where small-pox is prevailing in the northern seaports, the Health officer has very little to do. By an Act of the Legislature, the Mayor and Aldermen are empowered to remove from the city, any person who may be infected with small-pox, to such place without the limits thereof, as they may appoint for that purpose. The operation of this law has led to a lamentable neglect of vaccination; the citizens relying upon the vigilance of the civil authorities for protection against this disease. Having premised these remarks, I proceed to answer your interrogatories in the order in which they occur in your letter.

"1st. Vessels are purified by means of fumigations of sulphur and chlorine, and washing with lime. The time usually required is about ten days, sometimes as long as three weeks.

"2d. Vessels coming from intertropical or unhealthy ports, are *never* detained by the Health officer, or even visited by him, unless he has reason to believe that cases of small-pox are on board, or unless the cargo is reported to be in such a condition as to produce disease, in which case he is required to make such recommendations to the civil authorities as the case may require. In fact, although the law vests the corporation with the power of quarantining all vessels arriving from a port supposed to be 'infected with any contagious or malignant disorder,' yet small-pox is the *only* disease to which it has been applied. Vessels arriving from the West Indies in July and August, come on the same footing as those from Boston and New York.

"3d. Hides, skins, wool, rags, etc., are allowed to be landed at our wharves at *all seasons*, provided they are not in an offensive condition.

"4th. The yellow fever has *never* been traced to vessels or cargoes arriving from ports in which the disease prevailed. This disease was epidemic in this city during the summers and autumns of 1817, 1820, and 1827. Prior to the first of these dates, I have not noticed any authentic account of this disease prevailing epidemically; although it must have done so repeatedly. Perhaps some of the old volumes of the New York Med. Repository may contain some information on this subject. Sporadic cases have frequently made their appearance, particularly in 1839, when the disease was very fatal at Augusta, Georgia. The epidemic of 1820 was terribly fatal; and it was computed by Dr. Wm. R. Waring, that about one in five of the entire white population remaining in the city, were carried off by the disease. In an able and elaborate memoir on the epidemic of this year, Dr. Waring discusses the question of its importation, and clearly demonstrates that the disease was of *indigenous origin.* The remarkable exemption of this city from the ravages of yellow fever since 1827, is unquestionably owing to a better system of police, to bringing low lands in the vicinity under dry culture, and more *particularly*, to a more philosophical application of hygienic and sanatory regulations. This is evident from the fact, that formerly the whole city was infested with turkey buzzards (cathartes aura and cathartes atrata, of Audubon); the whole of the scavengers' department seeming to have been awarded to these *feathered bipeds!!* Some of our old houses still retain the memorials of this state of things, in the shape of chimneys armed with large spikes, to prevent these filthy birds from lighting on them! Not one of these birds is now to be seen, *even about the market and suburbs!!* This fact clearly demonstrates that there has been a vast improvement, so far as cleanliness is concerned; for these birds are as abundant as ever along the seacoast of Georgia. They have obviously been starved out of the city.

"5th. I believe it is the *unanimous* opinion of our physicians, that yellow fever is NOT CONTAGIOUS. The unanimity of opinion among our medical men with regard to this subject, and the personal observations of the older citizens, are probably the causes which have led to the restriction of our quarantine regulations to cases of variola and varioloid.

"You will perceive from the above, that I have endeavored to reply to the interrogatories contained in your letter. Unfortunately we have no *printed* quarantine regulations which I might transmit to you; but, by consulting the records, I have endeavored to glean all of the information which you required.

"Our health office is by no means a lucrative birth; the salary is fixed at $350, with such perquisites for *extraordinary* duties as the city council may think proper to give him by special resolution. Attention to his duties does not usually make any very great inroads on his practice. With you, it is very different. If I mistake not, in New York, the Health officer is an executive appointment. Your regulations are certainly very onerous, and I am glad to learn that you have taken up the subject.

"Very respectfully yours,
"JOHN LE CONTE."

QUARANTINE IN NEW ORLEANS.—For a history of quarantine in New Orleans, we take great pleasure in refering our readers to the very interesting article of our collaborator, Dr. Dowler, in the present number of the Journal. It is sufficient to add here, that New Orleans has no quarantine whatever.

We have thus passed in review, the existing quarantine regulations of all the important Atlantic cities, and we have seen, if we mistake not, that those of New York are more complicated, restrictive, and onerous to commerce, than those of any other city. Notwithstanding the vast improvement in the construction of vessels, tending to the comfort and health of crew and passengers; the improvement in the characters and habits of sailors, by which they are far less liable to disease than formerly—notwithstanding the relaxation of quarantine in all our cities, and throughout the civilized world; and especially notwithstanding the local advantages of this city in relation to facilities for cleanliness and ventilation, its abundant supply of pure water, and its character for salubrity; notwithstanding all this, we still see our city shackled by numerous restrictions with respect to its trade and commerce, and its prosperity retarded by adherence to regulations founded on exploded theories and antiquated hypotheses. We think we do not err, when we say that ninety-nine in every hundred of the physicians of New York regard these regulations in the same light that we do; and we know there is but one opinion among our commercial men in relation to them. They consider them complex, inexpedient, and unnecessarily stringent upon the commerce and trade of the city,—and there is no class of our community who have a greater interest in the preservation of the public health than our merchants. While they respectfully ask that all unnecessary shackles should be removed from the prosperity of the commercial Emporium, they also think that all proper precautions should be adopted, by which it may be preserved from disease, whether of domestic or foreign origin. They know full well, that it is for their interest to throw around the public health all proper guards; for trade not only languishes, but absolutely ceases, whenever epidemics prevail. But when they see trade which ought to flow into our own city, seeking other ports, where no such restrictions prevail; when they see other cities, equally, if not more free from contagious and infectious diseases, which may be said scarcely to have any quarantine at all, they well may ask why burden us with regulations which are not demanded or found necessary, in any other city on the continent—why introduce measures to disturb our commerce, and embarrass us in the pursuit of our just and lawful avocations?

There can be no doubt, we think, that owing to improvements in the internal police of our cities—to a better acquaintance with hygienic laws among the people—to changes of climate and the progress of civilisation, the yellow fever region of this hemisphere is no longer to be found in our latitude, but is removed at least twelve degrees to the south of its former northern limit, and is at least no longer to be dreaded in this city. Experience, moreover, has proved, that where the specific local causes of yellow fever exist, there yellow fever will prevail in spite of all quarantine regulations, as in Philadelphia, in 1797, New York in 1805, and 1822, and New Orleans, previous to 1822. It was the universal conviction of the absolute futility of quarantine laws in New Orleans, that led to their entire abrogation, and that led the Medical Society of that city to report that "they were unnecessary and inexpedient for the protection of the city." Dr. Townsend, our ablest advocate for the contagiousness of yellow fever, admits that the introduction of the Croton water into our city although it would not prevent the introduction of the disease, "would present an opposing obstacle to the spread of the fever."—(p. 137) Most of our physicians go still further and say, that if the Croton is used fully as it ought to be, in cleaning our streets, lanes and alleys, and purifying our sewers, it would be impossible for yellow fever either to originate or spread in our city. In this opinion we fully coincide.

By these remarks we do not mean to be understood as opposed to all quarantine whatever. We believe that full discretionary power should be given to the Health officer, and the Board of Health, to act in any case according as the particular circumstances seem to require. In no case do we suppose a quarantine of twenty or thirty days necessary, or that cargoes, unless in a damaged or putrid state, should be landed elsewhere than at our wharves. If yellow or malignant fever prevails, no matter where the vessel may come from, let the patients be sent to the hospital, and the ship cleansed and purified, after the manner recommended above by the Health officer of Boston. In all cases let healthy emigrants be landed at our docks, and not crowded together at quarantine to engender disease, as has often happened. In cases where it is doubtful whether a ship or cargo should be allowed to come to the city, let the matter be referred to the Board of Health (which should be composed of medical men, the Mayor and Board of Aldermen), who shall take testimony in the case, and decide accordingly. An appeal to the Board of Health, should in all cases be allowed, if required. The Health officer should be compensated by a fixed salary, and not, as at present, by fees; the salary should be liberal.

By this arrangement, it will no longer be said that "much of the cumbrous management of our present quarantine system, is more necessary to sustain official fees than to guard and preserve the public health."—(Report, p. 255.) What our city needs, is a more efficient internal police, the adoption and carrying out, of a more extended and thorough system of internal sanatory regulations; as cleaning the streets, the removal of nuisances, the adoption of sub-sewerage, the prohibiting the erection of dwellings in the shape of courts and alleys, and on the rear of dwelling lots, the erection of free baths, and generally the employment of all those means, which experience has shown to be necessary for the comfort and physical well-being of individuals and communities.

Art. XIII.—*A Treatise on the Motive Powers which produce the Circulation of the Blood.* By Emma Willard. New York: Wiley & Putnam. 12mo., pp. 170. 1846.

There is scarcely any subject in theoretical or practical medicine, which has stronger claims upon the consideration of the medical man, than the circulation of the blood. A knowledge of the laws of the circulation is requisite in the judicious treatment of disease, and the more comprehensive it is, the more successful will be the practice employed. Without it, how is it possible to economize with safety and advantage, the expenditure of the vital energies, in the endeavor to correct striking deviations from health; or, in various constitutional disorders, to suggest and enforce the application of simple, but efficient remedial measures? No one can doubt that the circulation has an intimate relation to every vital operation; that there can be no material deviation from health, but it is attended by corresponding modifications in the distribution and qualities of the vital fluid ; that an acquaintance with these modifications will suggest, in many diseases, prompt and appropriate remedial measures ; and in short, that the perfection of medicine, as a science and a practical art, will depend, in no small degree, upon more accurate and extended views respecting the laws of the circulation, embracing not only the moving powers of the blood, but the various causes which modify its qualities.

The problem of the circulation has attracted the particular attention of philosophers and physiologists from the time of Harvey, when the fact of the circulation was first pointed out, until the present time. From that period to the present, we have had theories and hypotheses without number, nearly all of them founded on mathematical reasoning and the principles of pure physics, disregardful of the fact, that they relate to phenomena which have all the complex and elusive properties of life ; blended with, and united by, sympathies difficult to trace, and impossible accurately to estimate.

Of this school was Borelli, who estimated the contractive power of the heart at 180,000 pounds ; of Keill, who proved by equally satisfactory reasoning, that it was but five ounces and a half ; and of Hales, who computed the same force at 50lbs. It is indeed remarkable, that these physiologists, who could see nothing in the heart but a simple hydraulic machine—a forcing pump with its tubes and valves—should have overlooked the fact, that contractility is a variable power, depending upon a number of causes connected with life, and which no one can appreciate, as they are not only hidden from our view, but constantly changing. We do not mean by this, to be understood as expressing the opinion, that all the vital powers may be reduced to the single effect of muscular contractility ; although we hold this to be a self-evident source of power in which motion is generated, which did not previously exist, and as respects the circulation, that the contractile power of the cardiac walls is the main-spring from which this force proceeds. Nevertheless, we are willing to admit that physical laws have much to do in the phenomena of animal bodies ; and that these phenomena cannot be satisfactorily explained, without taking *them* into consideration. The same laws which promote the circulation of sap in vegetables, doubtless operate in aiding the circulation of the fluids in animals ; and the bare fact that some of the lowest orders of animals, as insects, have a circulation, but no heart, shows that a central organ is not indispensable to this function ; all that we can say is, that the heart is a very important instrument in carrying on the circulation, but not essential to it, since a true circulation may exist without it ; that its presence, however, always implies a higher and more perfect, because a more extended and complicated, and therefore, a more richly endowed organization. It doubtless simplifies the matter very much, to regard the circulation of the blood as a clever illustration of mechanical principles working on dead matter, and we would rest in this method also, if man were not a living being, endowed with vital functions ; or if any one will show us the blood still circulating through the arteries and veins of the body, after life has departed.

It was the doctrine of Harvey, that the heart was the only organ of the circulation ; but this opinion has long since been abandoned. We have stated that there is no central organ in insects ; in fishes, the bronchiæ or gills intervene between the aorta and the heart, so that the blood, after it leaves the bronchiæ, must move by some agency independent of the heart: in the human species, cases have been met with, in which a circulation must have obtained for a considerable period without any central organ. An acardial fœtus, fifteen inches high, has been described by Sir B. Brodie.

We suppose it will be generally conceded, that the heart has something to do in the circulation of the blood. It is a muscular organ of great solidity and power, its fibres so arranged as to give to it elastic, as well as contractile properties; and if its valves are diseased, so as to obstruct the passage of the blood from the heart, it becomes hypertrophied or thickened, in consequence of the additional labor to which it is subjected. It often, indeed, becomes enormously enlarged, like other muscles subjected to an inordinate amount of exercise; and the left ventricle, which has more labor to perform than the right, is correspondingly thicker and more muscular.

According to Sir Charles Bell, the left ventricle projects its blood into the aorta with a velocity equal to twenty-one feet in a minute. By inserting a glass tube into a large artery, as the carotid of a horse, Hales found that the blood rose eight feet and three inches above the level of the left ventricle, during every contraction of the heart, and hence he inferred that the blood would rise seven and one-half feet high in a similar tube fixed into the carotid artery of a man. "The internal area of the left ventricle of the heart," he observes, "is equal to fifteen square inches; these multiplied into seven and one-half feet, give thirteen hundred and fifty cubic inches of blood, which press upon that ventricle when first it begins to contract—a weight equal to 51-5 pounds." Carpenter, in his recent work on Physiology, adopts the following conclusions, from a wide survey of the numerous experiments that have been performed on this subject. He remarks that "the force which must be exerted by the heart to sustain such a column (seven and one-half feet high), may be shown, upon physical principles, to be as much greater than this (four and one-third pounds), as the area of a plane passing through the base and apex of the left ventricle, is greater than that of the transverse section of the aorta; and as the proportion of these areas is about three to one, the real force of the heart may be stated at about thirteen pounds (p. 335)." The same writer estimates, that only twenty seconds are required for the transmission of a saline substance, from the veins of the upper part of the body to those of the lower, even in as large an animal as the horse; in other words, to go the complete round of the circulation. If we estimate the quantity of blood taken into the heart during each dilatation to be two and one-half ounces, that the heart contracts seventy-five times in a minute, and that thirty pounds represent the quantity of blood circulating in the body of a moderately sized man, the whole mass of blood will pass through the heart twenty-three times every hour, and an entire circulation will be performed every three minutes. This fact, then, must be borne in mind in all reasonings and calculations relative to the forces that circulate the blood. Though we thus demonstrate that the heart does, and must exert great power in carrying on the circulation, we cannot tell how far its action extends along the arteries, or at what rate the blood travels in the different stages of its journey. In several well attested cases, where nearly all the arteries of the body have been found ossified, the circulation was nevertheless carried on with great regularity. Again, the influence of the heart in circulating the blood, is proved by the well-known fact, that whenever the circulation is languid, the action of the heart is languid also, and *vice versâ.*

Our next proposition is, that the *arteries*, including the capillaries, have much to do in circulating the blood. We have alluded to insects and fætuses without a heart, where the circulation is carried on by vessels alone ; also to fishes, in which two thirds of the blood is circulated exclusively by means of vessels ; we set out, then, with the fact proved and admitted, that vessels alone may circulate the vital fluid, without the agency of any heart ; though we have seen that, under ordinary circumstances, the heart is the most important agent in carrying on this function. What proof, then, have we of the agency of arteries in aiding the circulation of the blood ? If we examine the capillary branch of a small artery under a microscope, we find it to contract and dilate as regularly as the heart. If we tie the aorta as it issues from the heart, the blood which it contains beyond the ligature will be urged onward as usual into the veins. If we remove the heart wholly from the body, the circulation will go on for some time afterward, in the capillary vessels. Arteries, like the heart, are endowed with contractility and elasticity. And it is well they are so ; for there are so many causes which tend to obstruct the passage of the blood, that were not the arterial tubes capable of taking up the propulsive effort commenced by the heart, the blood would never reach their extremities. We need but name the arch of the aorta, upon which the blood strikes upon the contraction of the left ventricle ; the friction between the blood and the sides of the vessels ; their many curves and angles ; and the increasing areas of these tubes as they ramify, though much less than formerly supposed,—all these obstructions are of such a nature, as to seem to require that the *vessels themselves* should be able to aid in propelling their contents. It is now established, we believe, that the blood moves with nearly equal rapidity in the small capillaries, as in the larger arteries. It is, moreover, worth considering, how the muscularity and contractility of the arteries are balanced. Near the heart, contractility predominates ; as we recede it diminishes, and muscularity takes its place. Sir Charles Bell has remarked that " the stronger the contractility, the weaker the elasticity ; and the weaker the elasticity, the stronger the contractility. So that while the strength of the heart's impulse upon the blood diminishes, as the current leaves the centre, the strength of the contractile power in the smaller arteries, through which it has to pass, increases. And as the elasticity of the large arteries, which to them is essential, would be injurious to the small ones, this principle gradually decreases with the decreasing artery, until the capillary vessel becomes almost exclusively a muscular tube." This muscularity is not without its use. Where there are muscular fibres, they are for the purpose of contraction—where there is contraction there is motion. If the heart sets the blood in motion, the capillaries take up and support that motion, and thus aid in carrying forward the vital fluid, for the nourishment of the tissues, and to supply the waste of the system.

Respiration aids in the circulation of the blood. This cannot be denied, without denying facts obvious to the most superficial observer.

The chest, we suppose, must be admitted to be a closed cavity, in which a partial vacuum, or tendency to it, at least, is produced by the act of inspiration,—while its contents are compressed by the act of expiration. During the former, owing to atmospheric pressure upon the external parts of the body, the blood must necessarily be driven towards the heart ; while during the latter, it must be retarded. Hence we have what has been called the *respiratory pulse*, observable in the veins of the neck in thin persons, or those laboring under pulmonary disease. "The great venous trunks of the head, neck, chest, abdomen, fore-extremities," says Haller, "swell *during expiration*, from the blood either being obstructed or retrograding, and at inspiration are emptied of it from its flowing freely through the heart." "When the chest dilates," says Magendie, "it inspires the blood of the cavæ, and successively that of the veins, ending in them, much in the same way as it does the air into the trachea. When the chest contracts, the blood is driven back into the cavæ by the pressure experienced by all the organs of the chest." The influence of respiration on the circulation is also well illustrated by an experiment of Magendie, in which a hollow tube was introduced into the jugular vein, and the lower end immersed in water. During inspiration the water rose in the tube, and during expiration, it was expelled, showing the suction powers of the former, and the expellant force of the latter. The expiratory movement, also, while it causes the blood to circulate in the veins, aids also in propelling the blood in the arteries, and to these two causes, are owing the rising and sinking of the brain synchronously with expiration and inspiration, as observed in the fontanelles of infants, and where a portion of the cranium has been removed. Every person knows, moreover, the influence of increased respiratory movement, in increasing the rapidity of the circulation. By a slight voluntary exertion in this way, we increase our own pulse, while writing, from seventy to one hundred and twenty. If we make a violent expiration, and then hold the breath as long as possible, the rapidity of the pulse is diminished several beats in a minute ; here the heart is nearly deprived of blood, it having been forced out during expiration, and not drawn in by inspiration. Doubtless, part of the effect is owing to obstruction in the lungs, from a cessation of chemical changes, and inspiration, by giving free passage to the blood through these organs, accelerates its course through the veins, independently of a vacuum, at least, in some degree. The effect of chemical changes in the blood, as well as the mechanical condition of the lungs, are to be considered in explaining these phenomena ; for we see the circulation carried on in the fœtus, and in animals that do not respire by lungs at all. While, therefore, we admit that one great cause of the cessation of the heart's action is the want of chemical changes in the vital fluid, we at the same time cannot but believe, that the mechanical influence of the respiratory movements is powerfully influential in carrying on the circulation. Whenever they are feeble, the action of the heart is also feeble, and the circulation languid. Are not the palpitation and difficulty of breathing experienced by travellers on very high mountains, partly owing to the circumstance, that so much of the atmospheric pressure is removed from the external surface, that the circulation stagnates ; the blood not being promptly returned to the heart ? At least so it seems to us. Drs. Carson, Barry, Holland and others, have fully demonstrated the influence of inspiration, of the cavity in the chest exterior to the lungs, and of the expansive power of the heart, on the circulation of the blood, and we can only refer our readers to their writings for a full discussion of this subject. We doubt if any one can carefully weigh the arguments they adduce, without the full conviction that respiration and the resilience of the lungs, or atmospheric pressure, are powerful auxiliary forces in carrying on the circulation.

In connection with the propulsive action of the heart in circulating the blood, as already described, we ought to notice the *suction power* of this organ, depending on its elasticity, by which a tendency to a vacuum is produced by the expansion of its auricles and ventricles. "The heart," says Sir Charles Bell, "is a hollow muscle, possessing both elastic and contractile powers. Its contractility depends on the muscular fibres of which it is principally composed; its elasticity, on the cellular tissue which is mixed up with the muscular. Its elasticity is inferior to its contractility; but its elasticity is indispensable. When the heart contracts, its muscular fibres have not only to expel the blood, but to overcome the elasticity which would prevent contraction; and when it dilates, the muscular fibres relax, and allow its elasticity to operate. The one is a vital, the other a mechanical agent. Power is created by the action of contractility, but elasticity merely restores a part to its primitive condition, when the constraining force has ceased to operate. When the right ventricle has forced its contents into the pulmonary artery, the auricle contracts and immediately fills it. But the auricle has no sooner contracted, than its elasticity again causes it to dilate, and thus a vacuum is formed at the very extremity of the venous system. Meantime, the blood, which, in returning through the veins, being pressed upon in every direction, from behind, moves on towards the heart, comes at length within the influence of this vacuum; instantly the suction power, generated in the auricle, begins to operate, and completes the circulation by drawing the rising current into the cavity of the auricle." Here, then, is another co-operating cause in circulating the blood. The veins of course are nearly passive. The heart, aided by the contractile power of the arteries, throws the blood into the capillaries; the capillaries, assisted by atmospheric pressure, the vacuum caused by expiration, and the heart's elasticity, draw it on towards the heart, and thus is the current sustained—and such are the principal agents, by which the circulation in man is conducted. There are others, it is true; such as muscular contraction, exercise, pressure of the viscera, movements of the diaphragm, capillary attraction, affinity of the tissues for oxygen, and consequently for arterial blood, in which it abounds; attraction of carbon for oxygen, as in the pulmonary arteries, in consequence of which venous blood and the air in the pulmonary cells have a mutual attraction, as recently pointed out by Professor Draper: all these are, doubtless, auxiliary agents, but their influence is trifling when compared with the contractility of the heart and capillaries, the elasticity of the heart and arteries, and the suction power of the heart and lungs.

In offering these remarks, we do not suppose we are bringing forward any new truths—but are we not sometimes in danger of forsaking old truth for new theories?

Mrs. Willard is widely and favorably known to the public, as the Principal of the Troy Female Seminary. She is a lady of masculine understanding, a good writer, an indefatigable student, and a most instructive companion—we trust we shall be excused if we add, she is *not* a physiologist. As a writer of histories, and geographies, and travels, she may fairly compete with the best—but when she leaves her own domain, and claims a portion of the realms of physic, we deem it no more than just to look into her claims, and weigh them in the balance of truth and impartiality. Mrs. W's. theory may be learned from the following extracts:

> "The object of the following Sections is to show that Respiration, operating by Animal Heat, produces an expansive Power at the Lungs; and thus becomes the principal efficient cause of the blood's circulation.
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> "1. *The Blood receives Caloric at the Lungs.*—A chemical combination of oxygen and nitrogen is inspired. A part of the oxygen is detained, and in its place carbonic acid gas and watery vapor are expired. Hence caloric must have been evolved, and from its nature, have passed the thin separating membrane, and infused itself through the blood in the lungs.
>
> "2. *The Blood must therefore Expand.*—The expansion of fluids by caloric is a doctrine so perfectly understood and established, that it needs no comment, but it is important to our purpose to consider, that, in this case, *there must be a very considerable expansion.*
>
> "The quantity of blood in the lungs has been stated by physiologists at one fifth of the whole—five pounds out of twenty-five. This receives caloric, not like water in a vessel over the fire, at one small surface only; but over a space, whch has been variously estimated, but by all acknowledged to be great. Making a computation on Dr. Keill's statement, the blood at the lungs receives caloric over a surface equal to the area of a circle whose diameter is nearly seventeen feet, so that if the portion received at each particular point should be small, *the aggregate must be considerable.*
>
> "3. *If the Blood expands it must move.*—This is perfectly evident, for to expand is to spring into a larger bulk, and the space which has contained the blood can contain it no longer; so that *this expansion must be a motive power*
>
> "4. *If the Blood moves from the Lungs, it must move towards the left ventricle of the heart, and from thence into the aorta, and so on through the arteries.*—For it must *of the two directions, take that in which it can move,* and not that in which it cannot. Here arises important considerations respecting the animal structure, as a machine made for receiving streams of a fluid, moved by the same agent which warms it; for it is not a power, like impulse, indifferent to direction. It is the antagonist principle to gravitation, and its natural tendency is upward."

Now, we do not purpose to go into a long examination of this theory, the mere statement of it must satisfy our readers that it is wholly untenable. It is well known that heat is generated in every part of the system, as well as the lungs. Wherever oxygen and carbon unite, there it is developed. But it is imparted to the *solids* equally with the fluids; it maintains the temperature of the whole body by radiation in every direction from the points where it is generated. The cellular action which is collectively exhibited in the metamorphosis of the animal organism, is now regarded by our ablest physiologists as purely *chemical*, and the heat that is engendered there is a consequence of these chemical processes. It is therefore believed that all those functions of the organism, which are necessary for the preservation of life, contribute directly or indirectly to the production of animal heat, so that it is developed at every point at which metamorphosis is occurring, and therefore, not merely in the lungs, but in the whole peripheral system.

Now the heat of the venous blood, as it reaches the right side of the heart, according to Davy, varies only two or three degrees from that of the aorta—granting, then, that the blood receives three degrees of caloric in the lungs, it is very evident that the expansion produced by it, were it all exerted on the blood in the pulmonary veins, would be too small to be appreciable. The expansive power of three degrees of heat, were it applied directly to the blood in the aorta, would not increase its bulk, nor cause motion.

The *cause*, then, is insufficient to produce the effects Moreover, if the circulation is carried on by heat produced by the respiratory process, how is it carried on in the fœtus before birth, or in the egg, or in animals that do not breathe by means of lungs—or cold-blooded animals? Mrs. W. supposes that the blood that goes to the head is the *hottest*, as heat ascends, and likewise more rarified. Experiment proves that this is not so, and that there is no difference between the blood circulating in the extremities and that in the head. But if all the heat, as Mrs. W. supposes, were generated in the lungs, it is difficult to see why the lungs are not hotter than they are: they would, in fact, be the furnace of the body, as some physiologists have maintained. Mrs. W. states the mean temperature of the blood throughout her work at seventy-eight degrees, instead of ninety-eight. We might go on and multiply objections to the theory of the circulation here advanced, but it is altogether unnecessary; no professional man, who has made himself acquainted with the structure and functions of the body, will be in any danger of adopting an hypothesis so much at variance with philosophy and fact. Still, the work is well written—the theory ingeniously and ably supported; objections very adroitly met, and altogether it will well repay an attentive perusal. The fair authoress states that she has had five thousand young ladies under her pupillage during the last thirty years. Those pupils, we doubt not, have had a very superior moral, intellectual, and physical training;—what a vast amount of good might result from a work on the physical education of females, the result of the vast experience, and extensive information of the intelligent writer. No one is better qualified to do justice to such a work than Mrs. Willard.

Art. XIV—*Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment.* By Benjamin Philips, F. R. S., etc., Phil. Lea & Blanchard, 8vo. pp. 350.

The frequent prevalence of scrofulous diseases, at the present day, and the empiricism displayed in their treatment, render a philosophical work on this subject peculiarly acceptable. The slightest acquaintance with medical literature is sufficient to prove that the most absurd and contradictory opinions prevail upon the nature of scrofula, the conditions which determine its existence, and the physical changes by which its progress is characterized, to say nothing with respect to its remedial management. The work of Hufeland, published in 1795, was in advance of all others on the disease, at the time at which it appeared, but it is now far behind the science of the age; the treatises of Lugol, Baudeloque, Carmichael, &c., are but imperfect sketches of a vast and important subject. That a complete essay on scrofula was still considered a desideratum, is proved by the fact that the Royal Academy of

Medicine of France, and the Medical Society of London, both made this a prize subject for the last year.

The work of Mr. Philips is immensely in advance of all others that have ever been written on scrofula, although the author treats of the subject only generally, and does not enter upon the various structural diseases, which may be set up in a constitution contaminated by scrofula. This would seem to be the proper course to pursue, as, for the most part, those diseases have in them nothing specific, their peculiarities being impressed upon them by the particular state of the system itself. These diseases would form an excellent topic for a future work, which we hope the author will undertake.

The author has extended his researches over a wide and most interesting field. It has been a fault with preceding writers, that they have not enjoyed a very extensive sphere of observation, or extended their inquiries so as to comprise the influence of the many causes, which are supposed to be capable of producing the disease. Mr. Philips, as physician to St. Marylebone Infirmary, has enjoyed very favorable advantages for observing scrofulous affections in every stage of development, but he has also investigated, with great care and labor, the condition of the people of Great Britain with reference to this disease—both in manufacturing and commercial towns, in agricultural districts, inland, and on the sea coast—whether living on good or bad food; vegetable, as in Ireland—or animal food, as portions of England. He has even extended his inquiries to Russia, Austria, Prussia, Bavaria, Portugal, Holland, France, Switzerland, Belgium, and America, to China and the East Indies, Egypt, Syria, and Greece; in short, we have for the first time presented to us, a body of authentic statistics bearing upon this disease,—collected with care, and arranged and classified in a philosophical manner.

In collecting information on scrofula, the author drew up a circular, containing the following queries:—"1. How many children were present at the examination? 2. How many presented the characters of the lymphatic temperament? 3. How many presented the ordinary marks of scrofula? 4. How many of the scrofulous cases were found among those of lymphatic temperament?"

He states, however, that he soon found it necessary to make his questions more precise, as scarcely two persons agreed exactly upon what constituted the lymphatic temperament, or what was scrofula. His 2d, 3d, and 4th queries, therefore, were changed for the following: —2. Number of such children who have decidedly fair hair, and light blue or light grey eyes, and a fair, soft skin. 3. Number of children exhibiting any of the following marks of scrofula; enlarged cervical glands, discoverable by the touch; sinuses, or ulcers, succeeding to such glands, scrofulous bones or joints, or the consequences of them. 4th. Number exhibiting the evidences of scrofula, described on the 3d column, and possessing the characters described in the 2d column.

The result of Mr. P.'s investigations shows that scrofula prevails to a much smaller extent than is generally supposed, and that the collection of large masses of people in comparatively small spaces, confinement in heated rooms, and sedentary employment, however prejudicial in many respects, have been accompanied by counteracting causes, which have lessened their baneful influence in so far as concerns the development of scrofula. Notwithstanding these unexpected results, the author is an excellent advocate for improving the habitations of the poor, not only in town, but also in country districts; for improved modes of draining and ventilation; in short, for adopting all practicable measures for multiplying the comforts, and ministering to the happiness of the great body of the people. But after all that can be done in these respects, scrofula will nevertheless prevail, more or less extensively; for poverty will always abound, and poverty brings in its train cold and hunger—evils which act more injuriously than even bad drainage and imperfect ventilation upon the health of human beings.

Nature of Scrofula.—Mr. Philips considers scrofula to be a disease of the constitution, clearly manifested by external signs, of which swelling of the subcutaneous lymphatic ganglia is the most conclusive —not that *tumid* glands are always a proof that a constitution is scrofulous; as they may be the result of local irritation in an apparently untainted constitution. For example, we often see the glands in the groin swell from a sore on the foot; an inguinal gland from gonorrhœa, or an ulcer on the penis; a mesenteric gland from an ulcer in the intestine; a cervical gland from teething, or disease of the scalp. But where we find one or several cervical glands tumid, in the apparent absence of any obvious local irritation, it constitutes a very strong ground of a suspicion that the constitution is suffering under the taint of scrofula. To have this suspicion absolutely confirmed, it is necessary that we should examine the contents of the tumor itself. If the swelling is not accompanied by the deposit of a product, known as *scrofulous matter*, the proof of a scrofulous constitution is wanting. If, then, we regard the local affection as evidence of constitutional disease, it is important to be able to recognize that state of the constitution, which causes the local affection, and to know, in a given case, whether a person can be said to be scrofulous or not.

When we meet with what are often called scrofulous diseases, and no scrofulous matter can be demonstrated, as in ophthalmia, as it often prevails in poor-houses, orphan asylums, &c., Mr. P. denies that such affections can be strictly called scrofulous, but regards them as the result of inflammation set up in a debilitated state of the constitution. He moreover states that he knows no certain sign by which the state of the constitution, which precedes the deposit of scrofulous matter, can be recognized. We agree in this opinion, and believe that it will be found, on examination, that there is very great variety in the external characters of those who present undoubted scrofulous taint. When the taint is made evident by scrofulous deposits, we find in one case, the hair and complexion dark, in another light; in one the cheeks are rosy, in another pale; in one the *alæ nasi* are expanded and the upper lip tumid, in another both of these features present opposite characters; so that it becomes a matter of great difficulty to determine whether the presence or absence of those signs is most characteristic of a scrofulous constitution. There are some qualities, however, generally met with, in those tainted with scrofula, which are worthy of notice.

The muscular development is various, but there is often observed an appearance of plumpness owing to infiltration of the cellular tissue, which rapidly disappears under disease, privation, or fatiguing exercise; owing to feeble circulation, the surface is generally cold and pale; which in one-fourth of the cases does not, however, extend to the face; color of hair variable, more usually dark (of 9,000 scrofulous children examined, 32 per cent. had light hair and eyes), the *alæ nasi* may be broad, or the reverse; the upper lip may be tumid or the contrary; there is nothing constant in the shape of the lower jaw or teeth; the abdomen is commonly tumid; the whole of the mucous surfaces are liable to derangement; especially the digestive mucous membrane, as manifested by a coated tongue, foul breath, swollen tonsils, irregular bowels, depraved appetite, flatulence and acrid eructations, clay-colored stools, &c. The nose, eyes, and ear, are subject to frequent discharges; there is often incontinence of urine; the skin, especially the scalp, is liable to eruptive affections; there is a want of muscular, as well as vascular, energy; the intellectual faculties are not so much developed, as in other children, contrary to what is usually believed, although the physical and intellectual characters differ, according as the circumstances under which they live, are favorable or the reverse. In the habitations of the poor, we find the child with the scrofulous diathesis, often pallid, puffy, insensible, listless, and filthy. The skin dry, harsh, and frequently covered with eruptions—the mucous surfaces deranged, the attention not easily fixed or even excited—the senses obtuse—the mind greatly wanting in intelligence, unimpressionable, and almost incapable of action. But, on the other hand, those who are surrounded with comforts, and discreetly treated, and whose condition makes them objects of interest to those around them, present very different features of the disease, from those which mark the scrofulous child of the poor. On the whole it appears that the ordinary tests are fallacious, and that there are no features, in the absence of the tumor, so constant and so conclusive as to justify a reliance upon them, in pronouncing an opinion whether a constitution be scrofulous or not: after a scrofulous deposit is formed, there can no longer remain any doubt. The constitution may suffer long before such a deposit is made—the glands may be a long time enlarged before that event takes place; if favorable influences are brought to bear, the diathesis may be overcome, and health established; if the reverse, scrofulous matter will be thrown out, or the patient cut off by some other disease. Where this diathesis prevails, it is very certain that there is, both in the solids and fluids, the structure and functions of parts, before the deposit occurs, a wide divergence from the state of health. There is commonly a want of tone and energy in the solids, which incapacitates the person for proper exercise—a weakness of the muscular system, which leads to speedy exhaustion; and this impaired condition of the solids is doubtless owing to the vitiated state of the fluids; the blood is watery, the ratio of globules much lessened, the chyle is poor in quality, and all the secretory and excretory organs deranged; the patient often labors under that condition called by Dr. Todd *strumous dyspepsia*. What is called scrofula, often takes its origin in this derangement of the digestive organs.

Physical Character of the Scrofulous Deposit.—Scrofulous matter is deposited in various organs of the body, and varies in appearance with the varieties of the structure of the organ, in which it is deposited. If we take the subcutaneous, lymphatic glands, the matter presents the form of an amorphous, greyish, buffish, or yellowish mass, irregularly granular, and not unlike moist old cheese. When a gland is about to become the receptacle of such matter, it undergoes a change in structure, dependent on increased action; the matter is deposited in several points; these enlarge, and finally coalesce, while the intermediate tissue of the gland disappears. Under the microscope, according to Albers, the *tubercle* presents separate minute tubes, which, under a magnifying power of 550, prove to be cells; but this is not the case with *scrofulous* matter which is granular—other observers tell us, that scrofulous matter, like all organic products, is composed of small globules, which have no connection with surrounding parts. "The whole material," says Mr. Dalrymple, "is composed of disintegrated tissue, granular molecules, irregular exudatious corpuscles, and in which the nucleolus is seldom to be recognized, and a considerable quantity of oil globules, which may be abstracted by boiling in ether, and recovered by evaporation on a plate of glass."

Chemical Characters.—Analysis shows that scrofulous matter is mainly composed of albumen, fat, or oil globules, and certain alkaline salts, the proportion of each varying in different cases.

It has been a question among pathologists, what is the state of the organ in which the product is about to be deposited? Every physician knows that glandular structures do undergo considerable change before scrofulous matter is deposited in them; increasing in volume, in density, and in vascularity, how is this state of the gland determined by the circulation within it—of blood which has undergone change? or is it independent of the blood? Does the blood fit the organ to receive the deposit, or does the organ fit itself? This is not a very easy question to solve. If the action set up is purely local, then we may, perhaps, find means to change it, and render it fit for the deposit. If it depend on a general contamination of the blood, why is it that all the lymphatic glands are not equally affected? But if far from this being the case, we find that the bronchial glands are affected twice as often as those of the mesentery; the latter four times as often as those of the neck; and the latter four times as often as those of the axilla and groin. The cause of the greater frequency in the glands of the mesentery is, doubtless, the irritation caused by depraved chyle, the result of bad or improper food; and this is kept up until the blood is sufficiently charged with improper materials to occasion a deposit to be made; the cause of the greater frequency of the deposits in the cervical than in the inguinal, or axillary, glands, is that they are more exposed to alternations of temperature, and to irritation; congestion is accordingly more rapidly developed in them, under the same amount of constitutional irritation, and the deposit more frequently made. If we examine an enlarged cervical gland, with a microscope of high magnifying power, we find it to consist of a general parenchyma, in a state of chronic inflammation, surrounding irregular masses of yellowish-white matter, adjoining which, we perceive the blood-vessels more enlarged and congested than elsewhere, and in some parts the capillaries are closed with coagulated blood. The parenchyma, which at first appears healthy, is found to be infiltrated with exudatious corpuscles, resembling lymph globules. The natural texture of the gland consists of its proper corpuscles, filamentous tissues, blood-vessels, lymphatics, and nerves. In short we find the filamentous tissue everywhere infiltrated, its fibres separated by innumerable exudatious corpuscles, and the proper corpuscles of the gland are similarly surrounded and imbedded. These appearances, especially the presence of exudatious corpuscles, before any scrofulous matter is deposited, authorize the conclusion, that the state of hypertrophy, with increased vascularity, is the result of inflammatory action. Broussais very truly remarks: "Never are lymphatic ganglia tumefied, indurated, or softened, without an exaltation of their irritability, and their contractability; that is to say, by irritation, which is sub-inflammation."

More than one-sixth of the juvenile population of Great Britain, according to Mr. Philips, is affected with an inflamed or hypertrophical state of the sub-cutaneous glands, especially those of the neck, not always visible to the eye, but always to the touch—about two per cent. of these only proceed to suppuration. They are often dispelled by treatment, which proves that they did not contain scrofulous matter. When once deposited, scrofulous matter must remain, which, it is believed, is never removed by any process of absorption, until it is ejected externally. We often meet with these enlarged glands in the mesentery, and we recently found an enormous collection of scrofulous matter, mixed with calcareous deposits, in the mesentery of a female of middle age, who had, in former years, been afflicted with swelling of the cervical glands, which had suppurated and discharged an immense quantity of scrofulous deposit.

Source from which Scrofulous matter is derived.—The ancients supposed that scrofulous matter was thickened lymph, and hence they sought to find agents to thin it, and they believed they found them in purgatives and alkalies. There was something very plausible in the notion, that the lymph or chyle, in passing through the glands, met with obstructions in consequence of its having become gypseous, fatty, and viscid, and of course too gross for the small channels through which it had to percolate, thus leaving its grosser parts behind. At the present day, however, we are rather disposed to look to the blood for the source of such amorphous deposits; for though in the composition of healthy lymph, there is nothing repugnant to the belief, that scrofulous matter may result from the inspissation of that fluid, and though it may undergo considerable change in its composition, and concrete so as to assume a state more favorable for such deposits, yet it is now the prevailing opinion among pathologists, that the blood is the only fluid from which scrofulous matter is probably derived. We know very well that the blood itself undergoes most important changes in its composition, and that the more important of the ordinary secreted fluids, as the urine, the milk, &c., become changed, also, when those changes happen in the blood; and moreover, according to Philips and others, there is a co-existence between an altered condition of the blood, and the development of scrofula. Whether it stands to scrofula in the relation of *cause*, is perhaps not fully established. We find, by analyzing healthy blood, that it is composed of potash, soda, carb. and phos. of lime, albumen, fibrin, &c. These elements are also found in scrofulous matter, and yet scrofulous matter is not deposited in a healthy state of the blood. All that seems necessary to constitute scrofulous matter is, that the elements above mentioned should be differently combined; but as we do not meet with it in a state of health, it is, perhaps, fair to infer, that there must be a previous change, either in the blood, or in the organs through which the blood circulates. No one but Lugol, we believe, has ever pretended to discover scrofulous matter ready formed in the blood, although it has been stated that tubercular matter has been seen in this fluid; and yet, admitting Lugol's statement, it does not prove that the matter was formed in the circulating fluid. All we can prove, and it is perhaps sufficient, is, that in the state of health, the blood contains materials such as are found in scrofulous deposits; that in particular states of the economy, these materials are increased or diminished; that when particular materials are increased, scrofulous deposits are more frequent, and especially, that these deposits are made in the cellular and other structures of the organ, and not in the lymphatic channels. We cannot, it is true, prove whether the process under which the deposit occurs, be one of secretion or excretion; whether it occurs in virtue of some peculiar action developed in part, and causing a new combination between the constituents of healthy blood—or whether, it is owing to the blood having undergone the change, before it has ceased to circulate, becoming overcharged with albumen and salts, and ready, when the ordinary excreting organs do not carry them off, to deposit them anywhere, and wholly independent of local action. However this may be, we agree with Mr. Philips, that the blood is changed before the deposit is made, that the accumulation of certain morbid materials in the blood constitutes what is known as the scrofulous diathesis or constitution, and that their deposition in the submucous lymphatic glands constitutes what we know as *scrofula.*

The agents by which changes are wrought in the blood, and consequently the solids, are alimentation, and disease. Bad food produces bad chyle, bad chyle imperfectly renews the blood, perverts its elements, diminishes, destroys, or augments its plasticity, causes the predominance of certain principles over others, and probably so changes the composition of the blood, as to determine in it non-analogous productions. Morbid states of the blood are also produced by the imperfect accomplishment of the functions of depuration, whether of the lungs, skin, kidneys, liver, or intestinal canal—if those matters, which are usually thrown off by these emunctories, are retained in the blood, they act as poisons; the circulating fluid not only undergoing a change in the quantity or quality of its materials, but also in its vitality. It should be recollected that 1000 parts of healthy blood contain 3.0 of fibrin; 127.0 globules; 80 solid matter of serum (albumen), 790 water.

Are Pulmonary Tubercle or Phthisis and Scrofula, in their nature identical.—This is an important question, and one which has caused no little discussion. The prevailing belief favors the affirmative, and the reasons usually assigned in its support, are that the deposit itself, and the circumstances under which it occurs, are supposed to be identical, and that phthisis is only a more advanced stage in the development of scrofula. Those who take this view of the subject tell us, that the only difference in the two diseases is in the seat of the deposit,—that the same temperament, and the same peculiarities of age and sex, predispose persons to contract both—that they offer the same anatomical lesions; that when scrofula has existed long, the signs of phthisis are almost sure to appear, and that almost all the children who die of scrofula, or tabes mesenterica, are at the same time phthisical. A scrofulous childhood, in the opinion of many, predicates a phthisical manhood. If we examine the recent works of Andral, Cruveilhier, Carswell, Hope and others, we find scrofula and tubercles placed so near together, so frequently confounded with each other, that it would seem that they considered both diseases as identical. Mr. Philips, as well as Albers, maintains, however, that they are essentially distinct. They differ, according to the latter, in the following particulars.

1st. Scrofula generally attacks the age before puberty; tubercles, the age of adolescence and manhood.

2d. Scrofula is presented in the form of swellings of single glands, the body being still well nourished, the surface often presenting a good color. The nutrition languishes by degrees, and so slowly, that for a long time no decrease in the bulk of the body is observable. Colliquative secretions, either by sputa or by sweats, are rare in scrofula. Almost the contrary of all this takes place in the tubercle disease. Scrofula is also more frequently accompanied by dropsy.

3d. The inclination to fever is very small in scrofula. Scrofulous atrophy is a state, which, from beginning to end, passes over without fever. The small excitement accompanying the development of scrofula in the commencement, mostly ceases when the disease is developed. In the tubercle disease, the excitement of the circulating system is, almost from the beginning, very considerable. In the case of pulmonary tubercles as well as those of the liver, kidneys, and serous membranes, there is a frequent pulse, even at the commencement. After they have progressed to a certain extent, and emaciation has set in, they do not prove fatal until hectic fever, with a frequent hard pulse, has been present for some time. In scrofula, however, we have torpor, instead of excitement.

4th. Scrofula attacks all organs, as the brain, lungs, liver, &c., but its principle degeneration, however, is not in those parts, but in the glands of the lymphatic system of the breast, the abdomen, the limbs, the pituitary membranes, mesentery, &c. If tubercular degeneration take place, it is apt to attack the organ primarily diseased, and there is less affection of the lymphatic glands.

5th. The matter of scrofula can be injected, that of tubercles very imperfectly so, if indeed it can be at all. The only author, we believe, who claims to have injected tubercle, is Macartney.

6th. There is an important difference between the two diseases, with respect to treatment. Scrofula proves curable in all forms, tubercles almost in none; scrofula lasts a long time, tubercles hasten much quicker to an issue. Scrofulous swellings decrease considerably after cure, and often, apparently, disappear; tubercles, when arrested in their development, decrease and ossify, but the decrease of volume is never so considerable as with scrofula.

7th. Scrofula favors greatly the development of other degenerations, as carcinoma, medullary sarcoma, or fungus hæmatoides. So also with tubercular disease. When in childhood scrofulous swellings, in different parts of the body, and swollen glands on the neck, appear, then in youth and manhood tubercles and phthisis connected with them, are apt to be formed. However, what produces a peculiar tendency to disorganization, is not a disorganization itself. We might as well assert the identity of tubercles and scrofula, as the identity of scrofula and carcinoma, and for the same reasons. To the naked eye, there are no striking differences often between scrofulous and tubercular matter, and where they exist, they are probably owing to a difference of structure in the organs where it is found. Scrofulous deposits, however, in the sub-cutaneous glands, rarely present the characters which are so often apparent in the early stages of pulmonary tubercle, which has a grey, smooth, translucent appearance. This will also apply to the mesenteric and bronchial glands. At a later period, and after softening has commenced, there is no well-marked difference detected by the microscope, between the two. With respect to differences pathologists do not agree; Albers, Sandrus, Lebert, and others, maintaining that the two kinds of matter present material distinctions, while Dalrymple and Gulliver discover no difference in the microscopical character of the two products. As "the analogies and the differences between tubercles and scrofula" was the subject named for the Portal prize for 1845, by the Royal Academy of Medicine of France, it is probable that the question as to their identity or difference will soon be settled. Chemical analysis does not show any important difference between scrofulous and tubercular matter, as they are both mainly composed, according to Prout, of incompletely developed albumen, with some salts. Their character, however, depends much on the period of development, the seat of the deposit, and, to some extent, their appearances are modified by the mode of examination. Whatever expectations may have been indulged with regard to the microscope and chemical analysis, as means of unravelling the difficulties presented by diseased structures, it must be acknowledged that those expectations have, to a considerable extent, been thus far disappointed.

We have stated, that previous to the deposition of scrofulous matter in lymphatic glands, their bodies become red, dense, and swollen, indicating the presence of inflammatory action; but where there are tubercular deposits in the lungs, we have no evidence whatever of preceding inflammation. In this respect, there is reason to believe that there is a marked difference between scrofulous deposits in glands, and tubercular deposits in the lungs. By this, we do not mean to be understood as expressing the opinion, that tubercles may not be developed as a consequence of inflammation, where a predisposition exists.

Mr. Philips states, that there is a difference as to the period when scrofula and phthisis destroy life, the former destroying more lives before, the latter, after the period of puberty. In London, for example, in 1840, of 21,667 deaths from consumption, 4,653, or 21 per cent. were under 16: there were the same year 347 deaths from scrofula, of which 208 or 60 per cent. were under 15. We find on examining mortality tables for different districts and countries, from 60 to 70 per cent. of those who die from scrofula, perish under the age of 15; while of those who die of phthisis, from 20 to 30 per cent. perish under the same age. From the Registrar General's Report, for the years 1839, '40, '41, '42, it appears that there was a preponderance in female mortality from phthisis, of 15 per cent.

Again, there is a marked difference in the relative frequency of the two diseases. In Great Britain, the deaths from tubercular phthisis amount annually to about 59,500—those from scrofula to 1200: the ratio which the one bears to the other is 1 to 50, and to the gross population, taking England and Wales, as 1 to 265 and 1 to 13,255. Now, it appears that the deaths from consumption are 19 per cent. greater in town than in the country districts, while those from scrofula are 100 per cent. less. In Russia, pulmonary diseases are comparatively rare, but scrofulous affections are extremely frequent. Mr. Philips states, that of 332 cases of phthisis that he examined, only 7 presented scars resulting from scrofula; and in 7 there was tumefaction of the cervical glands. Of 350 phthisical bodies examined by Louis, 35 had a tuberculous condition of the cervical glands: of 100 cases examined by Lombard, the cervical glands were affected 7 times: and in 73 cases of children, 7 times; Papavoine examined 50 tuberculous children, and found the same glands affected 26 times. Philips thinks he mistook swollen for scrofulous glands. Tuberculous matter has been detected in the cervical glands only 6 times in 173 tuberculous patients. To sum up, we find that where the tuberculization of the system is most complete, not only is the lung studded with those deposits, but, in six-sevenths of the cases, the other thoracic and abdominal organs present them, while in not more than one-twelfth of the cases can a similar condition be detected in the sub-cutaneous lymphatic ganglia.

According to Philips, comparative pathology also shows a difference between the two diseases. In 1840, Rayer examined, after death, 241 dogs, of which only two were tubercular. A sheep driven into, and fed in marshy ground, where the food is watery, soon becomes the victim of tubercular deposits. Mr. Bakewell has shown that all that is necessary to produce these deposits is, during summer, to submerge a meadow, and drive the sheep into it in autumn. A rabbit fed in a damp, dark cellar, on watery vegetable food, soon becomes the victim of tubercular deposits. But, in all brute animals, the occurrence of any similar deposits in subcutaneous glands is comparatively rare. The disease called the "*measles*" in the hog has no resemblance to scrofula, being simply a deposit caused by the *larva* of the *Echinococcus;* although the term *Scrofula* has derived its name from this cause. It is stated by Simonds and others, that although the inferior animals are subject to tubercle, they are rarely if ever affected with scrofula.

It would seem then, by way of recapitulation, that with the exception of the deposit itself, which, whether found in the lungs or in a cervical gland—whether examined by the naked eye, by the microscope or by chemical analysis, is very similar; the circumstances attendant upon the development of scrofula and phthisis are widely different.

In scrofula the gland undergoes considerable change, inflammatory in its nature, before the matter is deposited in it. In the lung we commonly find the tissue around a recent simple tubercular deposit unchanged by inflammation.

We find, further, that in districts where the causes of phthisis act with most intensity, those of scrofula fall the lightest; that the age when the ravages of scrofula are most keenly felt, is precisely that when the visitation of phthisis is least to be apprehended; that the sex which suffers most severely from one of these diseases, is least affected by the other: and finally, among the numerous victims of phthisis, at least 18 out of every 20 exhibit no marks of having suffered from scrofula. These facts seem to warrant the conclusion, that there is a marked difference between the two affections;—that although they possess a general similarity of character, there is no identity; that as to the prevalence of scrofula in Great Britain, Mr. Philips has shown, from an examination of 132,721 children in schools and factories and poor-houses, among hospital and dispensary patients, &c., that scrofulous scars are apparent in about 1½ per cent.; that the subcutaneous glands are enlarged, so as to be perceptible to the eye, in less than 3 per cent.; that the glands may be detected by the finger in 24½ per cent. of those of the children of the poor who are under 16, and in 8 per cent of those above; or, taking the entire population, in 10 per cent.; and that something less than 3 per cent. of the population are under treatment for the disease in its various forms. Returns also show, that of 95,586 recruits examined, all having the requisite height, 800, or 1 in 119, were rejected for marks of scrofula. Out of 1,255,297 patients, including infirmaries, hospitals,

&c., of Great Britain, 3,187, or 1 in 80 of the patients, are registered as cases of scrofula, and 19 out of 1000 cases at one of the infirmaries for children under 13 in London. Taking, then, the children of the poor, in England and Wales, the proportion between the ages of 5 and 16, who present marks of scrofula (such as enlarged glands, scars resulting from their suppuration, or diseased bones and joints of a scrofulous character), amounts to 31½ per cent.—a much larger proportion, it is believed, than can be found in this country, except among the poorest class of population in our large cities. The registered mortality from scrofula, contained in the Report of the Registrar General of Great Britain, amounts to 8 per 100,000 of the gross population of England and Wales; that is to say, the average annual deaths from scrofula are about 1200, the population being about 16,000,000. As might be supposed, the disease prevails very unequally in different districts, ranging from 11 per cent. among poor children under 15, up to 72 per cent.; and the same unequal prevalence is found in this country. The recruiting returns of Great Britain, for example, show an average rejection of 8 per 1000 for marks of scrofula, that of London being 5, Edinburgh 16, and Dublin 13 per 1000. In this country but very little has yet been done to gather up the statistics of scrofula. We have given on page 141 Mr. Philips' questions, as embraced in his circular, and will be very glad to receive and publish replies to them, which may be forwarded to us by our correspondents, and physicians generally throughout the United States. Schools, orphan asylums, poor-houses, dispensaries, &c., furnish good opportunities for making such investigations, and we again request the profession to forward us the results of their inquiries on this subject.

According to Dr. Parkman of Boston, the House of Industry of that city includes 98 boys and 48 girls, total 146 children, of whom 106, or 70 per cent. have marks of scrofula. Dr. Samuel Jackson of Philadelphia reports of 1641 boys and 1357 girls, total 2,998 children between 6 and 16 years of age, who attend the different schools of that city, but 10 boys and 3 girls (13) as scrofulous; and he observes that he has been struck with the small number of individuals manifesting any decided marks of scrofula; that in the Alms-House Asylum, including 56 children, where he expected, from the class of children, to find decided evidence of scrofulous diseases, it was very slight;—indeed he found but one scrofulous case. In the Locust Street School (for boys), 276, one scrofulous case only; in the S. E. Secondary School (boys), 89, Spring Garden (do.), 176, Model School (do.), 271, Schuylkill Public School (do.), 342, Locust Street School (for girls), 204, S. E. Secondary School (do.), 261, Spring Garden (do.), 218, Black School (do.), 119, Schuylkill Public School (do.), 317, amounting in all to 1997 children, from 6 to 16 years, *not a single scrofulous* child was discovered; although Dr. J. states, that he extended the signs of scrofula beyond those presented in the table of Mr. Philips. Out of the 2998 children attending all the schools and institutions examined, *but 5 had enlarged cervical glands, or cicatrices.* Dr. J. states, that in examining the children, the hands were carefully passed over the neck of every individual, and wherever the cervical glands could be felt it was reported, with two exceptions. "Scrofula," says Dr. J., "is not a frequent disease in this country. phthisis is very prevalent. Is there not a marked distinction between tuberculous disease and scrofula? In the course of my observations I have not often met with patients who are affected with scrofula in whom the tubercular disease occurred. I have been rather impressed with the notion that scrofulous patients were in some manner exempted from the tubercular form of disease." According to Dr. Emerson, there were 177 deaths from scrofula in Philadelphia in 20 years (from 1807 to 1827), under 20 years of age, being in the ratio of 1 to 130 of the whole number of deaths; also 327 of tabes, atrophy and marasmus, most of which were probably cases of a scrofulous affection of the mesenteric glands, making 1 in 70 of the whole number of deaths. This statement is hardly reconcilable with the results of Dr. Jackson's examinations.

With respect to the prevalence of scrofula in the city of New York, an extensive observation made during a dispensary practice of several years among the lower classes, has satisfied us that scrofula is a frequent disease among us. Dr. Griscom who has had much experience in dispensary and hospital practice, remarks that "this disease is the great scourge of the pauper population. It exhibits itself in the skin, in the eyes, the viscera of the abdomen, and of the chest, in the muscles and in the bones; in fact every organ of the body which is dependent for its healthy condition upon a sound state of the blood (and there is no exception), may, and does give evidence, differing in each case, of the influence of this degeneration, and the great prevalence of its producing causes." If we give to the term *scrofula* the extended meaning which Dr. G. attaches to it, there can be no doubt that it is a very prevalent disease in New York city; but if we limit it as does Mr. Philips, to cases in which there is either a cicatrix or swelling of the cervical glands, the number would be comparatively few. We find that there have been reported, from the year 1804 to the year 1838, but 329 cases of death from scrofula in the city of New York, being in the ratio of 1 to 366 of the whole number of deaths; under *Marasmus*, which includes deaths from decay, debility, tabes mesenterica, and atrophy, there have been reported 1384, being 1 to 27 of the whole number of deaths. A considerable proportion of these, how large it is impossible to tell, died of a scrofulous affection of the mesenteric glands. In 1842 there were reported 56 deaths from scrofula, being 1 to 146 of the whole number of deaths, and 1 in 6160 of the whole population (345,000). Mr. Philips has been somehow led into an egregious error, in his account of the mortality from scrofula in this city. He says: "Taking the population of New York in 1840 at 345,000 in round numbers, and taking the deaths from scrofula as reported, at the average of 35 years, at 4,278, we find that the annual deaths from scrofula bear to the total population, a proportion of 1 to 1241; in Philadelphia, the proportion is 1 in 453; while in London, the same year, the proportion is, in round numbers, as 1 to 17,500." The actual number of deaths from scrofula reported in 1840 in New York, was 40 out of 7,868 deaths, the population being 311,852; this gives 1 in 7,796. Instead of 4,278 cases of scrofula for one year, we have seen that there were only 329 cases reported in 34 years in this city, which makes considerable difference. Mr. Philips makes the disease about three times as prevalent in Philadelphia as in New York, whereas exactly the opposite is nearer the truth. There is, we believe, far more scrofula in New York than in Philadelphia: and the reason is, that a much larger proportion of the population live in cellars and basements. Dr. Griscom ascertained, when he was City Inspector in 1842, that there were in this city in 14 wards, 1,459 inhabited cellars, and 7,196 residents; while there were 1,727 courts and rear buildings, and 6,618 *families* residing in them. "In Philadelphia," says Dr. Jackson, "with the exception of the very lowest classes of the Irish and negro population, included chiefly in the district of Moyamensing, the poorer classes live in small two or three story brick houses, most of which have two rooms on the floor, a front and back room, usually from 12 to 15 feet square, and with a small passage and stairway. Day-laborers, hand and loom weavers, chop-men, carters, &c., according to the size of their families and means, occupy from one room to a half of the house; often, in this class, each floor is occupied by a family. The houses are dry, well ventilated, and comfortable. *None of the poor live in cellars*, with the exception of the lowest negro classes in Moyamensing."

Mr. Philips arrives at the conclusion that scrofula is much less prevalent at the present day than it was during the 16th and 17th centuries. It appears from the registers that were kept, that King Charles II. touched for scrofula (*King's Evil*), from 1600 to 1664, 23,601 persons, and from 1667 to 1684, 68,506, or a total of 92,107 in a period of 12 years. Most of these, Mr. P. thinks, were inhabitants of the metropolitan district.

(To be continued.)

ART. XV.—*Elements of Physiology, including Physiological Anatomy, for the use of Medical Students.* By WILLIAM B. CARPENTER, M.D., etc. With 180 Illustrations. Philadelphia: Lea & Blanchard. 8vo., pp. 566.

DR. CARPENTER has fairly earned a place among the most distinguished medical writers of the age. He has a mind of a purely logical and philosophical cast, fitted for physical investigations of a recondite and difficult nature; with a patience that nothing can weary, and a perseverance that nothing can overcome. As a physiologist, he ranks undoubtedly among the very first of our times; and as a luminous, accurate, and discriminating author, on this subject, he has, as it seems to us, distanced all living competitors.

Nothing comes from his pen but what is stamped with genius. His power of analysis is great; his learning extensive; his command of language peculiarly felicitous. In his former works it would seem that he had exhausted the subject of physiology. In the present he gives the essence, as it were, of the whole. His aim seems to have been to give the student as clear ideas as possible of the principles of the science, to point out the manner in which these principles should be applied, and to give an outline of the most important facts which indicate the nature of the various changes taking place in the living organism. This he has accomplished in a manner which leaves nothing to be desired; everything being brought up to the present condition of the science.

Art. XVI.—*Fevers, their Diagnosis, Pathology, and Treatment.* Prepared and Edited, with large additions, from the Essays on Fever in Tweedie's Library of Practical Medicine. By M. Clymer, M.D. Philadelphia: Lea & Blanchard. 1846.

As this work will not admit of analysis, we can only recommend it, as one of the best hitherto published on the prolific subject of Fever. Dr. Clymer has brought to his task all needful erudition and experience, and his additions, which are numerous, are the most valuable part of the volume to American practitioners. His remarks on Typhoid Fever are eminently judicious and practical. Such a work was wanted at this time, to post up the results of recent observations and improvements, and those who have it at hand, will rarely have to seek elsewhere for guidance in the management of this most extensive and important class of diseases.

Art. XVII.—*The Mineral Springs of Western Virginia, with remarks on their use, and the diseases to which they are applicable.* Second Edition. By William Burke. New York: Wiley & Putnam. 1846. 18mo., pp. 394.

This is a second edition of a well known work on the Springs of Western Virginia, and contains all that the invalid and traveller will need, as a safe guide to the use of these waters. Dr. Burke is the proprietor and physician at the Red Sulphur Springs, where he has resided since 1832. His statements, we believe, may be relied on, with respect to the extraordinary powers of the water as a curative agent, although to many they may have the semblance of exaggeration.

Dr. B. gives the following account of their effects:—

"The introduction of this bland substance in a fluid condition into the system *must* exert a great influence on the circulation, and consequently on the mucous surfaces that are in a morbid condition; and when we consider that a greater portion of the fluids taken into the stomach is *directly* conveyed into the circulation by the absorbents, we can at once perceive that the great hygienic power of this water is dependent on the characteristics enumerated, all of which combined act as a singular alterative in equalizing an excited circulation, in correcting the highly acrid and vitiated secretions of an irritated mucous membrane, by modifying the fluid that supplies the matter for that secretion; and that by sending to the heart and lungs also a diluted instead of a highly concentrated supply of blood, it calms those organs by producing in the latter a condition favorable to the proper performance of their function of oxygenation, and by soothing the irritation of the former, causing it to send forth its streams with a milder impetus, and, moreover, by diffusing more equally the capillary circulation, and in return obtaining not only a more moderate, but a more healthy supply.

"Suppose, then, an irritated feverish condition of the mucous membrane of the bronchi or alimentary canal to exist when this water is taken into the stomach, it is refrigerant, bland, pure, yet abounding in subtle and invisible power: what is the probable mode of action? Why, reasoning from analogy, we must conclude that its first impression is on the nervous expansion with which it comes in contact: this sends the pleasurable sensation to the brain; this urges into activity the absorbents; these convey the tranquillizing influence to the circulation; and this influence is again returned to the modification of the irritated surfaces. The external capillary circulation is restored to its rightful balance; the skin and the kidneys perform their appropriate functions; in a word, the normal condition is restored, and all is smooth and calm as the unruffled ocean.

"But if, on the contrary, a *hard*, harsh water, loaded with saline ingredients, comes in contact with a surface in the condition supposed,—what may reasonably be expected? Why, evidently that the nerves will be distressed, the circulation still further depraved, the heart excited to unnatural action, the irritated surface still further engorged, the arterial action increased, respiration hurried, and all the functions of the external and internal organs abnormally performed."

"It is not probable that the absorbents of the stomach have the power of discriminating between one fluid and another; hence it is that, whether pure water or alcohol is presented to its surface, it is thrown into the circulation; but not so with the kidneys or skin, or mucous surfaces; they probably resist the obnoxious article for a while, but when again and again presented, it overpowers their energies, and first, abnormal functions, and next, organic lesion, is the consequence. It will readily be seen, then, in chronic affections of the organs of respiration and of the abdominal viscera, if these affections amount to *irritation or subacute inflammation*, that the Red Sulphur alone, of the Sulphur waters, is admissible."

According to Dr. Hunt, who has written a good paper on the Virginia Springs:—

"The Red Sulphur is decidedly sedative in its effects. It subdues chronic inflammation, tranquillizes irritation, and reduces the frequency of the pulse in the most astonishing manner. It has been considered peculiarly adapted to the cure of pulmonary diseases, and it is true that it has a most beneficial effect in most cases of this disease; but its good effects equally extend to all cases of subacute inflammation, whether seated in the stomach, liver, spleen, intestines, kidneys, bladder, and most particularly in the mucous membrane. *In fact, nature never yet gave to man a remedy capable of more extensive application, nor better calculated to relieve a large class of diseases.*"

We also give Dr. H's experience of the effects of the Red Sulphur Springs, in his own case, which, we believe, was one of phthisis:—

"On the evening of my arrival at the Springs, I commenced the use of its waters. The next day, during a violent paroxysm of coughing, a coagulum of blood was discharged from the lungs, which was followed by considerable hemorrhage. After this, the cough became less troublesome, but the evening exacerbations of fever and the night sweats continued, my pulse beating 115 strokes in a minute. I confined myself to a low diet, and drank six glasses of the water during the day, namely, two before breakfast, one at 11 A. M., one at 5 P. M., and two at bed-time. The water acted freely on the bowels, and particularly on the secretions of the liver.. In ten days, the abdominal viscera were entirely relieved, the pulse reduced to 78, and the fever and night sweats had ceased. The quantity of water was now increased to twelve glasses during the day, taken at the same hours, but in double doses. It acted very gently on the bowels and skin, but most powerfully as a diuretic. Thus it appears that in small quantities the water acted freely on the bowels, and but little on the kidneys, while in larger quantities it acted freely on the latter, and scarcely affected the former. In fact, I could direct its action to the one or the other at pleasure, by increasing or diminishing the quantity. My cough became better, but my strength still continued feeble, owing to my extremely low diet, and the copious action of the water. Unfortunately I took but little exercise, which I deem all-important while using the waters.

"After a residence of three weeks at the Springs, and the constant use of the water during that time, to the manifest alleviation of the most pressing symptoms of my complaint, I was unexpectedly called home, in consequence of the illness of a member of my family In the commencement of my homeward journey, my weak state compelled me to make very short stages; but as soon as I had crossed the mountains, and resumed my usual mode of diet, my appetite and strength returned rapidly, and I completed the distance of 306 miles in five days, without feeling the slightest inconvenience. The water seemed to produce its good effects in the improvement of my health for months after I had left the Spring."

The temperature of the water is 54° Fah.—gaseous contents in a yellow sulphuretted hydrogen 4.54 cubic inches—carbonic acid, 8.75—hydrogen, 4.25—solid contents, of 32 cubic inches of water, gr. 1.25, consisting of sulphate of soda, lime and magnesia, carbonate of lime and muriate of soda. Besides these ingredients, the water contains, in considerable quantity, a peculiar organic substance, which, mingled with sulphur, is deposited on the sides of the spring, and seems to increase by a kind of organic growth.

There is good reason to believe that the water is decidedly sedative in its effects, subduing chronic inflammation, tranquillizing irritation, and reducing the frequency of the pulse.

The work contains a good deal of irrelevant and controversial matter, which we should hope to see omitted in future editions, as it detracts rather than adds to its value.

Art. XVIII.—*Five Dissertations on Fever.* By George Fordyce, M.D., etc. 2d Am. Ed., with an Introduction. Phil.: Barrington & Haswell, 8vo., pp. 403. 1846.

We here recognize an old and valued acquaintance under a new garb. Fordyce is one of those authors that may always be read with profit, as his descriptions are drawn from nature, and sketched with a master's hand. For a true history of the phenomena of fever, and the indications of treatment, we shall seek elsewhere in vain for anything more satisfactory; we have facts without hypotheses, and reasonings founded on demonstrated truths. As an example of correct, clear, and explicit views, we may refer to Dr. Fordyce's account of the *modus operandi* of antimony, and the indications for blood-letting; to his history of simple and irregular intermittent fever, and simple and irregular continued fever, corresponding to the typhoid and typhus of the present day; to the regimen to be pursued in fever, etc.; on all these subjects, we find sound, judicious, and practical advice,—directions which were in advance of the times when he wrote (1770), and which may be consulted with much profit by practitioners of the present day. The able editor has done his part well, and among other improvements introduced, we find the Dissertations have been subdivided, and each division preceded by very full contents; a full index is also given. We take pleasure in recommending this work to our readers, for it is well worthy their attention.

Art. XIX.—*An Introduction to Entomology, or Elements of the Natural History of Insects, comprising an Account of Noxious and Useful Insects, of their Metamorphoses, Food, Stratagems, Habitations, Societies, Motions, Noises, Hibernation, Instinct, etc., etc.* With Plates. By W. Kirby, F.R.S., and Wm. Spence, F.R.S. From the 6th London Ed. Phil.: Lea & Blanchard, 1846. 8vo., pp. 600.

This work of Messrs. Kirby & Spence is too well known to the lovers of natural history, to need any commendation from us. The first edition appeared as long ago as 1815; since which time it has been in constant demand, as the great store-house of facts connected with every branch of entomology. The pursuit of this department of natural science is not to be regarded as a frivolous amusement, or as devoid of utility, especially by the medical man, whose inquiries necessarily range through the entire domain of Nature. Some insects are employed in medicine; many inflict serious injuries on man and beast; not a few seek their habitation in his flesh, or intestinal canal; and all have habits and characteristics worthy of study and investigation. The time has gone by when the student of entomology need fear the fate of Lady Granville, whose will was attempted to be set aside on the ground of lunacy, evinced by no other act than her fondness for collecting insects.

The work is not only one of the best on this subject ever written, but it is got up in superior style, and illustrated by well executed plates.

Art. XX.—*Animal Magnetism, or Psychodunamy.* By Theodore Leger, Doctor of the Medical Faculty of Paris, etc. New York: D. Appleton, 12mo., pp. 402.

This work contains a very good history of animal magnetism, including the first and second reports of the French Academy, together with the discussions that grew out of the reports, when presented. It is interesting to read the opinions of such men as MM. Desgenettes, Virey, Bally, Orfila, Double, Laennec, Mar, Itard, Recamier, Georget, Majendie, Guersent, &c., relative to the claims of animal magnetism. These reports and discussions occupy 211 pages of the work; the balance is devoted to the history of the science, from the most ancient times, down through the Egyptians, Hebrews, Greeks, Romans, Gauls, &c. We then have a very full account of Mesmer, and his discoveries, of experiments in the Parisian hospitals, and of Mesmerism, in England and the United States. Dr. Leger gives but very little in relation to what he has himself observed; he quotes the Tribune in favor of his skill—states that in 32 months 445 patients have been examined by his blind somnambulist (Harriet of Peale's Museum!) of whom 231 have been cured, 81 relieved, 1 died, 27 unrelieved—a greater ratio of success than Fleischman or Dr. Henderson can boast of.

Art. XXI.—*The Chemistry of Man.* By Dr. J. Franz Simon. Translated by Thomas E. Day, A.M., etc. In 2 Parts; Part 2 (Complete). Lea & Blanchard, 8vo.—2 vols., pp. 717.

This excellent work, the most complete on animal chemistry that has ever appeared, has recently been issued by the publishing house of Lea & Blanchard, after the Sydenham edition of London. No physician, who desires to keep pace with the improvements in our science, or to be prepared at all points for the successful treatment of disease, can remain ignorant of physiological and pathological chemistry; and he will seek in vain for as complete and accurate a work on the subject, as he will find in the elaborate and finished treatise of Dr. Simon. The work is replete with facts of the highest interest, calculated to reflect a broad blaze of light on the pathology and treatment of many diseases, hitherto involved in obscurity. We trust it may have a universal circulation among the profession in this country.

Art. XXII.—*Essays on Pathology and Therapeutics*, being the Substance of the Course of Lectures Delivered by Samuel Henry Dickson, M.D., Professor of the Institutes and Practice of Medicine, in the Medical College of the State of South Carolina, 2 vols. 8vo. pp. 588, 651.

We take blame to ourselves for not having sooner called the attention of our readers to the very able work of Professor Dickson, whose title we have given. The multiplicity of books of every kind, which crowd upon our attention, renders it impossible to give anything like an account of even their contents, and it is by no means strange that some should escape us, whose merits deserve a far different fate. The work of Professor Dickson, though modestly entitled "Essays," &c., is in fact a very complete treatise of general pathology and the practice of medicine. It embraces a wide range of subjects, including all the more important diseases, and whatever topic comes under discussion is treated in a very able and satisfactory manner. The style of Dr. D. is peculiarly happy; combining elegance, simplicity, and strength, in an unusual degree. In this respect, his work may well stand as a model for future writers. We know no work on the practice of medicine, that we can more cheerfully recommend to our readers, than this of Professor Dickson.

Art. XXIII.—*Results of Hydropathy, etc.* By Edward Johnson, M.D. New York: Wiley & Putnam. 12mo., pp. 181.

Dr. Johnson is the proprietor of a hydropathic establishment, at Stanstead Bury, Eng., and the author of two or three medical works of some merit. He is evidently no ultraist, for he states his object to be, "to preserve all that is good of the drug treatment, and unite it to all that is good of the water treatment—using both—abusing neither;" such, we take it, is the aim of every honest medical man. We shall quote a few passages, from which may be gathered some of the views of the author, who, it should be stated, studied the water treatment under Priesnitz himself:—

> "When it is considered that this treatment consists mainly in the frequent use of cold baths of various kinds—in restoring and promoting the natural functions of that much neglected organ, the skin, by frequent sweating under accumulated bed clothes, and by the wet sheet vapor bath—for the wet sheet is neither more nor less than a very neat, convenient, and mild vapor bath—in almost constant exposure to the healthful influence of a salubrious air—in strict attention to diet—in daily systematic exercise, on foot or on horseback, or both, regulated according to each patient's strength—in complete mental repose—in early rising and early retirement—the absence of all unwholesome causes of excitement, &c., &c.,—when this is considered, and when it is further remembered that *every one* of these things *separately* has always been strongly insisted upon by medical men in all ages, as highly conducive to health, and as possessing a certain amount of remedial power—when, I say, all this is remembered, there will scarcely be any, I think, who will not acknowledge that this treatment *must* possess at least *some degree* of remedial virtue. For, if each of the several parts of which the whole treatment consists be acknowledged, on all hands, to possess in itself a curative influence, certainly when they are all brought to bear upon the system at one and the same time this curative influence cannot be diminished, but must, on the contrary, be vastly increased.
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> "The *whole* treatment, however, is neither applicable to all diseases, nor can it be safely administered to all constitutions. Neither can it ever supersede the legitimate use of medicine or the lancet—nor would I admit into my house any person who would not permit me to have recourse to these, should any sudden emergency or undoubted occasion arise, which, in my judgment, called for their use.
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> "But that there is a very large number of diseases and diseased conditions in which drugs are worse than useless, but which can be perfectly cured by this treatment, I am as certain as I am of my own existence."
>
> "I have said the *whole* treatment is not applicable to all diseases and all constitutions; but I may safely add that there is no disease to which it is not applicable *in part*—for there certainly is no disease which will not be more or less benefited by attention to diet—mental repose—almost constant exposure to a salubrious air—great attention to the state of the skin—daily exercise, &c., &c.—all of which constitute important parts of the treatment. It is a great error to suppose that this treatment consists *merely* in perpetual sweatings and bathings—although, where these can be safely borne, they constitute the fundamental part of it. It is capable of great modification, therefore, and must always be so modified as to suit the particular circumstances of each particular case.
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> "I have also said that it can never supersede the legitimate use of medicine and the lancet. Certainly not—first, because there are some diseases, though I confess they are not many, which imperatively demand the use of these—and, secondly, because people cannot be always running away to a hydropathic establishment upon every attack of illness (and it can never be successfully practised at home), nor can all persons afford either the time or the money. It can never come into general use except for severe *chronic disorders*, in which the old system has been tried and failed—and until the time shall have arrived when the profession generally shall adopt it, to a greater or less extent, as a part of the ordinary treatment of acute inflammatory and febrile diseases—to which

the wet sheet is admirably well adapted, and in which it is capable of becoming a most important accessory. I most unfeignedly believe that there is no single remedy, except the lancet, capable of conferring such signal service in acute diseases as the wet sheet. And the time must inevitably come when medical men can no longer hold out against the use of this most simple, neat, safe, efficacious, and common-sense remedy."

The idea that water can only be properly used at a hydropathic establishment is absurd. It may, and probably will, be employed more advantageously at home. It would, doubtless, be a fine thing for the proprietors of these water institutions, if they could persuade the public to believe that no one understood the use of water but themselves; but we apprehend there is no great danger of such a result. We believe it to be the duty of the profession generally, to study more closely the effects of the various applications of water as a remedial agent, with a view to its more general employment in the treatment of disease; and in this way give no excuse for the establishment of institutions by those who really are, for the most part, more ignorant of the proper use of water than the common people themselves.

PART THIRD.

American Intelligence and Editorial.

MEDICAL JURISPRUDENCE.

We have recently had two cases of trial for murder in this State, in which the plea of insanity was offered in justification of the act. The first was that of Wyatt, a prisoner at Auburn, who killed a fellow-prisoner by stabbing him with a knife; the second was that of the black, Freeman, for killing the Van Nest family. Both trials took place at Auburn. We allude to the first case particularly, as we do not recollect to have seen so large an amount of medical testimony offered in relation to insanity, as was brought forward on this trial: some of the ablest medical men in the State, including Drs. Brigham and Coventry of Utica, and Spencer of Geneva, were in attendance. The prisoner was found to be sane, and sentenced to be hung.

The second case where the plea of insanity was made, was that of William Freeman, an ignorant and deaf colored man, of the age of 23. When the prisoner was brought up to be arraigned, Mr. Seward put in a plea alleging that he was insane; and as an insane man cannot be tried by the laws of this State, it became the duty of the Court to determine the truth of that plea before putting the prisoner on trial upon the indictment. We shall allude to the evidence in a future number of the Journal. The jury found the prisoner sane. He was then arraigned upon the indictment, was found guilty, and sentenced to be hung on the 18th day of September next.

We have not seen the evidence in this case. It appears from the Judge's charge, that, at the age of 16, Freeman was engaged in petty thefts, and in 1840 was convicted of stealing a horse of Mrs. Godfrey, for which he was imprisoned 5 years in the State Prison. This term of imprisonment expired in September, 1845, when he was found to be deaf, and impressed with an idea that he had been wrongfully convicted, and was entitled to compensation for his time and labor; and upon his discharge, he called upon Mrs. Godfrey; and on her refusal to pay him, he applied to two magistrates for process against her and the other persons who had been instrumental in his conviction. These applications being refused, he appears to have reasoned himself into a belief that the laws of the country afforded him no protection against oppression and injustice.

"He then prepared a butcher knife, and a club with a knife inserted in the end, and on the night of the 12th March last, soon after nine o'clock, approached the house of the deceased—there lay in wait till he saw a man, who had passed the evening with the family, leave for his home; and then meeting Mrs. Van Nest, who had retired to the yard, stabbed her so that she died in a few moments: then entered the house and stabbed Van Nest to the heart, of which he instantly died; thrust the knife through the body of a child two years old, while asleep in the bed; attacked and wounded Van Arsdale, who had retired to the chamber; and at the door and gate attacked and wounded Mrs. Wickoff, the mother of Mrs. Van Nest, of which she died on the 14th of the month; thus destroying the lives of four persons, and endangering that of the fifth.

"He then stole a horse from the stable, which fell with him after being ridden about two miles. He then proceeded a short distance, when he stole another horse, and escaped to the town of Schroeppel, in Oswego county, where he was arrested."

In the defence, some of the best talent in the country was exerted, and the attendance of medical men from Albany and Utica procured, to testify as to his insanity. A large number of respectable men, some of whom had known him from childhood, both in and out of the prison, testified that they never had discovered or suspected anything like insanity in his conduct before the murder. And after hearing all the proof adduced to sustain his defence of insanity, at the time of the murder, the jury decided that he was not insane, but a responsible man.

From the newspapers we learn, that when called up to be sentenced, his Honor, Judge Whiting, beckoned him to come near him, which he did, occupying the witness' stand. The Judge, speaking loud, asked him if he knew what he was there for, to which he signified that he did not. He was then asked if he remembered John G. Van Nest, to which he answered, yes. To the question, do you know who killed him? he made the same answer. After some further questions and explanations of his situation, which, apparently, he did not fully understand, the Judge, pointing to the Jury, said, The Jury, there, say you did kill him, and we are going to sentence you to be hanged [the prisoner here appeared very sensitive]; do you understand that? He answered, *yes.* He was then asked if he had anything to say against it—anything to say to the Court; to which he replied he didn't know. Sentence was then pronounced.

Among other remarks of Judge W., we find the following:

"While we give full effect to the plea of insanity as an excuse for crime, we learn with great satisfaction that there is, in the common sense of the community, intelligence enough to discriminate between acts originating in moral depravity and ignorance, and those which proceed from the impulse of disease. The rule by which a man must be judged, is, whether he had knowledge of right and wrong in regard to the act for which he is on trial. If he had, he is responsible, and is neither an idiot nor an insane man. By that rule the prisoner has been tried, and convicted. And whatever theories learned men may create, there is no other which can be safely introduced into a court of justice.

"We trust that the prisoner, during the term of life which remains to him, will receive the care and instruction of good men, to enlighten his darkened mind to a true sense of his condition, and to prepare him for the change that awaits him. For this purpose the Sheriff will, no doubt, admit the visits of all such as are disposed to see him.

"The judgment of the law is, that the prisoner at the bar, William Freeman, be taken from this place to the place from whence he came, there to remain until Friday, the 18th day of September next, and that on that day, between the hours of one and four in the afternoon, he be taken from thence to the place of execution appointed by law, and there hung by the neck until he shall be dead."

Of course, in the absence of testimony, we can form no conclusive opinion as to the merits of the above case, whether the individual was denied by nature, or had lost by subsequent treatment, the possession of those faculties, on the due development and exercise of which, responsibility must, in a measure, depend. We may, however, be permitted to doubt, whether there "is in the common sense of the community, intelligence enough to discriminate between acts originating in moral depravity and ignorance, and those which proceed from the impulse of disease." We should be very happy to find, that there was in the common people a degree of knowledge and wisdom competent to arrive at such a desirable result; it would certainly obviate one of the greatest difficulties in medical jurisprudence, viz.—to distinguish between acts springing from imbecility and moral depravity, and the impulse of disease. But we have no such confidence in the intelligence of judges or juries; the *vox populi* is not in this case the *vox Dei*. How long is it since a jury in Kentucky, contrary to the unanimous opinion of the ablest medical men in that State, brought in Dr. Baker guilty, although notoriously laboring under insanity, at the time the act for which he was executed, was committed? In the mind of the masses—the great body of the community—the idea of *crime* is always associated with those of injury and wrong, no matter what the state of mind of the individual may have been who committed the wrong. With respect to Freeman, it is certain that he was laboring under delusion, and a considerable degree of mental imbecility, or he could not have supposed that he was entitled to compensation for time spent in the State Prison. Moreover, he was wretchedly ignorant, deaf and stupid. There seems to have been no possible motive in killing the Van Nest family, as they were perfect strangers to the prisoner. Whether he actually labored under that degree of imbecility or moral mania, as to exempt him from responsibility, we can at present form no opinion.

Judge W. tells us that "the rule by which a man must be judged is, whether *he had knowledge of right and wrong*, in regard to the act for which he is on trial. If he had, he is responsible, and is neither an idiot nor an insane man. By that rule the prisoner has been tried and convicted." If so, then, we do not hesitate to say, that he was tried by a rule which is unsound, and cannot hold. It is a test of *knowledge*, not of *power;* and the knowledge of right, and the power to do it, are as distinct as science and art. An action presupposes knowledge, motive, and will. Suppose the motive be insane; and in the present case there seems an entire absence of all rational motive, and the will is incapable of obeying any but the insane impulse. The test laid down by Erskine in the trial of Hadfield, in 1800, was DELUSION. "Delusion," said this great advocate, "when there is no frenzy or raving madness, is the true character of insanity, and in order to render the madman irresponsible for crime, it must be shown that the act in question was the immediate unqualified offspring of the disease." The test of "right and wrong," however, was again brought forward on the trial of Bellingham, for shooting Mr. Percival (1812), and again in the case of Rex vs. Oxford, when Lord Lyndhurst told the jury to acquit, "if they were satisfied that the prisoner did not consider his act any crime against the laws of *God and nature*." The same principle was recognized by all the Judges, in the case of McNaughten, for shooting Mr. Drummond, and it has been acted on in several criminal trials in our own country;

as in the case of Rogers for the murder of Lincoln [Mass.]. In the case of Lawrence, for shooting at President Jackson (1835), delusion was laid down as the true test. *Sound memory and discretion* was the test in the case of Wilson, for murdering his wife in Maine, in 1836. The American Law Magazine (Jan., 1844) makes *a total permanent want of reason* the true test. The rule of Erskine, however, seems to us the more rational one, viz—*that there should be delusion, and that the act of homicide should be connected with the delusion.* As to the test of "right and wrong," it is enough to know that it is not a practical one, and it is insufficient for the purpose intended. As it cannot enable us to distinguish the insane homicide from the sane criminal, we believe it never has been, and never can be, safely and fairly applied. Who is able to solve this question, when applied, for example, to Freeman? We know he was laboring under some delusive notions; and how far his knowledge of *right and wrong* extended—whether we use these words in a legal, or moral and religious sense, no one, we presume, is able to tell. We do not say that we believe the verdict in this case wrong—we have formed no opinion on this point: we only allude to the case, as showing the difficulty of applying such a test. Every person conversant with insanity knows, that many insane persons have committed acts which they knew to be wrong, and of the criminality of which they were at the time perfectly conscious. They have been known to murder others, in order to receive the punishment of death at the hands of the law; and of course they knew that the act was contrary to law. We could give many cases in the annals of criminal legislation, where the criminal nature of the act was the sole motive for its perpetration. Hadfield, who shot at George the Third, and who was acquitted on the ground of insanity, knew he was doing an illegal act, and that the punishment of death was attached to the crime of assassination, but he did it that he might be put to death by others—he would not take his own life. Again: Martin, who fired the York Cathedral, knew that he was doing an illegal act; but then he said he had the command of God to do it. The fact is, that a man may possess a full consciousness of the illegality or wrongfulness of an act, and yet be fairly acquitted on the ground of insanity. Taylor, Guy, Ray, Brigham, Beck, and all our standard writers on medical jurisprudence, take this ground, we believe, and repudiate the test of "right and wrong"—a test which can never be carried out without inflicting the punishment of death on many insane persons: for a knowledge of the law, whether human or divine, does not imply the control of the *will.* The possession of conscience does not prove that instinctive impulses may not be too powerful to resist.

As Leuret has remarked, "the criminal has conscience, liberty, will. The monomaniac has conscience, without liberty. Thus, some will withdraw themselves, when they feel the disposition for committing injury. If this reasoning be correct, can such a person be held responsible for his actions, even if he knows what he is doing?"

In our edition of Guy's "Forensic Medicine," we have discussed this subject at some length, to which we may refer the reader. We have been inclined to believe, that the difficulties which complicate this subject might be in a measure removed, if our laws were so amended, as in cases of alleged or doubtful insanity, to substitute imprisonment for life, for the punishment of death, where the latter should be inflicted, provided the individual was sane, for as Mr. Guy very judiciously remarks, "the practical question is this; what amount of injustice are we willing to inflict on the individual, in order that society at large may be protected? If the public safety requires that the homicidal maniac should be put to death, let the principle be boldly proclaimed and acted on; but if, on the other hand, this seems too great a sacrifice, and too glaring an injustice, we must be content to confine him for life, to prevent the possibility of future mischief. This degree of injustice to the individual, a regard to the public safety will justify, nor is there any good reason to fear that, by exempting the madman from the punishment of death, we shall weaken the hold which the law has on the man of sound mind; for, in order that he may escape death, he must successfully feign insanity,—a task of no ordinary difficulty,—and if he succeed, a perpetual sacrifice of liberty awaits him. It is not likely, therefore, that society will suffer any injury from the adoption of the course here advocated; and we may, perhaps, find that it gains something by openly attributing to disease some of the most revolting crimes which degrade and debase our common nature." To such a result, we may add, science, philanthropy, and the spirit of the age, unquestionably tend.

HOMŒOPATHY.—We quote the following paragraph with great pleasure from the 2d No. of the American Journal of Homœopathy published in this city; Drs. Kirby and Snow, editors:—

"We cannot countenance the custom, which is growing in some sections of our country, of physicians advertising themselves in newspapers, and upon their signs, as '*Homœopathic Physicians.*' Such a course, we think, is uncalled for; and is an innovation of the wholesome rule in medical ethics of long-standing, which we hope will be strictly observed by those of our school. We look to the time when it will not be necessary to use the terms, homœopathy, or allopathy."

The following remarks from the Buffalo Med. Jour. are in point:—

"There are some unfortunate errors which have a popular currency, and especially prevail among those who regard the medical profession with distrust, which it behoves medical men to endeavor to correct. One of these errors is the idea that medicine is a system of doctrines and rules, which are handed down unchanged from instructor to pupil, like a religious creed, from which it is rank heresy to swerve. This is what is meant when such terms are used as 'old school,' 'regular system,' (allopathy), &c. Now it is quite needless to argue that this is a very false and unjust view of the case. Certainly there is no lack of freedom of opinion or latitude of doctrine in the medical profession. Every one is at liberty to construct his own articles of faith, and to shape his practice accordingly; and so far from there being any disposition to check this freedom, we all know that the tendency has always been directly the reverse. The public, however, do not always so understand it. It is not considered that medicine is a progressive science, but it is thought to consist of formulas which every member feels bound to sustain as permanent fixtures, never being willing to admit that they are not complete, nor sanctioning the least innovation. It is by fostering this mistaken impression that the advocates of absurd doctrines like homœopathy create an apparent issue with us, as if we were dogmatical adherents to antiquated and exclusive opinions, and they, persecuted reformers. At the same time, these very doctrines, which claim to appropriate the position occupied by medical science, invariably assume to be unchangeably perfect, leaving no room for farther improvement—being emphatically obnoxious to precisely the objections which are unjustly charged upon medicine."

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NEW YORK LYCEUM OF NATURAL HISTORY.—In the No. of our journal for Jan., 1846, wenoticed the removal of the cabinet of natural history, belonging to this institution, to the building in Broadway, known as the Medical Department of the University of New York; we also stated that it was contemplated to resume the publication of its annals. Since then, three Nos. have appeared, the last two of which, in one, have just been issued. The contents are a description of a new species of anser (with a plate), by George N. Lawrence; and "A Descriptive Catalogue of the Geodephagous Coleoptera, inhabiting the United States, east of the Rocky Mountains. By John L. Le Conte." The paper of Dr. Le Conte is written in pure and elegant Latin, and when its publication is completed, will be by far the most complete and valuable monograph on the coleoptera, ever presented to the public. The author ranks deservedly among the first naturalists of our country. To collect the materials for the above paper, the author visited, in person, nearly every part of the United States, including the great chain of Northern Lakes, and the head waters of the Mississippi and Missouri. In another part of our journal, will be found a valuable communication from the same gentleman.

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INFUSION OF HONEY BEES.—An infusion of the *apis mellifica* or honey-bee was recommended in the *Western Journal of Med. and Surg.*, for Nov., 1845, for the treatment of Strangury. It was directed to be prepared by sweeping from 40 to 60 bees into a pan of water, put the whole into a teacup, pour one gill of boiling water on them, and cover the cup securely. When it has stood 20 minutes, pour off the infusion, and let the patient take the whole at a draught. This remedy is said to relieve the worst cases of strangury, in from two to fifteen minutes. A writer in the last number of the *Am. Jour. of Med. Sciences* speaks highly of this remedy in such cases; and Dr. Flint, in the last number of the *Buffalo Journal*, states that the prescription was recently tried in that city with immediate relief, in a case in which the introduction of the catheter was attempted without success, and states "it was subsequently repeated daily, with the same results, until the occasion for its administration ceased." It has been found to succeed very generally at the South, where it was first introduced into practice, in cases of retention of urine from inflammation of the bladder, and from the effects of cantharides. It is supposed that the material which gives efficacy to the bee-tea, is the virus ejected by its sting, as the tea, when recently made, has a taste and smell identical with the odor of the incensed bee; and if allowed to stand, the infusion loses its characteristic odor and taste, and its efficacy is destroyed. It remains to be seen whether this virus may not be collected and preserved, so as to be employed where the bee itself is not to be obtained.

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TREES OF AMERICA.—We are happy to announce, that the Messrs. Harper have just published a work on the Trees of America, Native and

Foreign; historically and botanically delineated, and scientifically and popularly described, by D. J. Browne, author of the Sylva Americana. We have had an opportunity of examining all of the printed sheets, and can promise that it will be a work of rare beauty and interest. It is accompanied by beautiful small wood-cuts of the different trees, and printed on the same paper as the great Pictorial Bible—forming altogether one of the handsomest volumes ever issued from the American press.

Medical Schools.—We have received a very large number of circulars, announcing the approaching fall and winter session of Lectures, in our different Medical Schools from Maine to Louisiana. It has afforded us much gratification, to see from year to year in our Medical Institutions, such manifest signs of improvement in the mode of teaching, and in the facilities and appliances to make that teaching, in the highest degree, practically useful. The *didactic* has been gradually assuming more of the demonstrative form of teaching, and instead of reading long theoretical disquisitions, or attempting to display an inexhaustible fund of knowledge derived from books, the lecturer, at the present day, aims to give the pith and marrow of what is positively known on any subject, and indicate the sources whence further information may be gathered. Matters of antiquity, curiosity, and speculation, are reduced to their proper level, and held at their real value. Increased attention is constantly being paid to clinical instruction, practical anatomy, and general and special pathology, in all our schools of medicine; and the results are in the highest degree auspicious to the progress of our science.

With respect to the comparative advantages of different schools, it may truly be said that they all furnish important facilities for the acquisition of useful medical knowledge, such as, if properly improved, will qualify the student to become a useful and successful practitioner.

As "Excelsior" is the motto of our State, so also has it been adopted by our Medical Colleges, and the results of every year show that it has not been adopted in vain. We take pride in pointing to the medical schools of this State, as examples of what talent, enterprise, and honorable competition may accomplish in a noble cause, and as one of the signs that indicate their growing popularity, we may remark that among the 168 graduates at the last commencement of the University of Pennsylvania, not a single one hailed from the State of New York; a fact which, we believe, has never before occurred, since the establishment of that school of medicine.

Obituary.—Died in this city, on the 13th of August, Hugh McLean, M. D., in the 69th year of his age.

The long and conspicuous medical career of Dr. McLean deserves at least a passing tribute. He was a native of the city of New York; was a private pupil of the late eminent John R. B. Rodgers; received his collegiate medical education under the Faculty of Physic of Columbia College, when that institution boasted of Bayley, Post, Hosack, Mitchell, and Rodgers, as its Professors. He entered upon the practice of the healing art before he had arrived at the age of 21 years, and discharged its responsible trusts for a period of just fifty years. During the several visitations, in this city, of the malignant yellow fever, from 1798 to 1822, he adhered closely to his duties, and encountered the pestilence at all times, and under all circumstances, with a determined self-devotion to the interests of humanity. During the prevalence of the Asiatic Cholera, in this city, in 1832 and 1834, he was no less firmly at his post, and sedulous in the exercise of his duties. As a physician, Dr. McLean was eminently skilful in the diagnosis of disease, fertile in measures of relief, and prompt and efficient in the use of appropriate remedies. His professional integrity and courtesy towards his fellow-members was an example worthy of the imitation of all. In the liberal exercise of a lucrative art, without the hope or desire of pecuniary returns, he had scarcely an equal; his benevolence and humanity were of the widest extent, and were the natural characteristics of an enlightened mind, and a sympathizing heart. Few of the profession were more richly stored with medical reading; he was full in the history of the science; and to the refinements of a general student, he added a minute acquaintance with the results of professional knowledge, which modern investigation has so largely set forth. Nor was he indifferent to the acquisition of a cultivated taste in the fine arts; of music he was a dexterous performer on several instruments, and has composed several productions of much harmony and feeling. In his whole demeanor through life, he commanded that confidence, which decision of character universally inspires. His physical constitution was framed for great service; and during his long career, he seemed invulnerable to the causes of disease, and to the assaults of bodily suffering. His last severe sickness, which was indeed his first, arose primarily from an inflammation of the larynx, during the past spring. He sustained a tedious disorder with becoming fortitude and resignation. By his death, the profession has lost one of its most distinguished members, and society one of its brightest ornaments.—*Abridged from the Courier and Enquirer.*

New York Society for the Relief of Widows and Orphans of Medical men.—Much attention is now paid to the important subject of Life Insurance. Within a very recent period, several offices have sprung into existence among us, and some have been brought from across the Atlantic, and holding out strong inducements for the citizen to insure himself for the benefit of his widow and children. It is a measure of prudent foresight, which should no more be unheeded by the physician than any other class of the community. Many of our most worthy compeers have sunk to the tomb, after toilsome lives, leaving families in destitution, and this is an event which must happen to most of the profession, and it may be to all.

A variety of plans are presented for our choice, by the several offices, each one having advantages peculiar to itself. That which offers the greatest number of advantages will of course do the largest business, but of all the systems now in vogue, we think that of the Society for the Relief of the Widows and Orphans of Medical men, decidedly the most advantageous, for the following reasons:

1st. The rate of premium in the common offices is very high in proportion to the age and condition of the person insured.

2d. The expenses incidental to an ordinary insurance office (salaries, rent, printing, agencies, and many other things), necessarily increase the rates of premium, and in many instances, the stockholders' dividends absorb all the rest of the profits.

3d. If the insured dies, the sum for which he was insured is paid to the heirs, who invest it as they please, and perhaps badly, so as to yield but little interest, and it may be none at all. The office is not responsible for its safety after it is paid over.

The plan of the "Society for the Relief of Widows and Orphans of Medical men," is very different, and it would seem vastly better. In the first place, there are no salaries, rents, or agencies to pay, and very trifling expenses of any kind. In three years they have amounted to less than $200. 2d. There are no stockholders to absorb the profits in dividends. 3d. The funds of the Society are securely invested, and the heirs of the members receive their annual instalments from the *income of the Society*, without any trouble, anxiety or risk on their part. The rate of premium, too, is to be considered, and in this, the plan of the Society presents great advantages. A semi-annual payment of only *five dollars* is all that is required to enable the family of a member to participate after his death, in all the benefits, which are proportionate to the Society's funds. After a membership of twenty years, no more is required to be paid, or if one hundred dollars are paid at once, nothing further is required. In an ordinary life insurance office, the heavy premium must be paid punctually from year to year, or the insurance ceases, notwithstanding all that may have been paid in premiums.

These are the prominent differences between the two modes of securing some assistance to one's heirs, a subject which commends itself in the most earnest manner to the prudential benevolence of every member of the profession.

The New York Society is in a fair way of possessing a fund which will enable it to pay a reasonable sum to the widows or children of any of its members, who may perhaps be in need of assistance. The London Society, founded on similar principles at its commencement, had but seven members,—it has now an invested fund of £50,000, and is annually dispensing pecuniary relief to a considerable number of the families of its deceased members. Our Society commenced with, we believe, about thirty members, and now numbers about seventy, so that its prospects of good are rapidly augmenting. Every medical man in the city should join this society—the rich for the sake of those who are not, and others for the benefit of their families. No one would miss the small sum required for membership, while it would be amply repaid in the comfort of the assurance, that the family will always be provided for. Were all the five or six hundred members of the profession in New York to unite with this society, a fund would at once be established sufficient to assure to the heirs of all who might require it, a very comfortable and acceptable assistance,—a stated sum, which would be paid annually, without peradventure.

The secretary will furnish any member of the profession with a copy of the laws of the Society.

The following circular presents a condensed official view of the operations of the Society up to the commencement of the present year. Several names have been added since. J. H. G.

Sir:—

Agreeably to Sec. 21, Chap. v., of Laws of the New York Society for the Relief of Widows and Orphans of Medical men, I hand you the annexed statement of the present condition and prospects of the Society, and the names of those who have become members during the past year.

There are sixty-six members, of whom fourteen are life members by the payment of $100 at one time.

Five new members have been added during the past year: E. L. Beadle, William Wilson, Alfred S. Purdy, William Rockwell, John G. Adams.

The whole amount of funds since the organization of the Society, from subscribers and for interest, amounts to - - -		$3294 33
Paid for sundry expenses, printing, advertising, lights, &c. - - - - -	$161 84	
Invested in bonds and mortgages - -	3200 00	
	3361 84	
Balance due the Treasurer - - -	67 51	
		$3294 33

Annexed is a list of the officers of the Society:

Edward Delafield, M. D., *President;* John Stearns, M. D., J. Revere, M D., Francis U. Johnston, M. D., *Vice Presidents*; Isaac Wood, M. D., *Treasurer;* H. D. Bulkley, M. D. *Secretary.*

The following are the managers of the Society:

James C. Bliss, William P. Buel, H. D. Bulkley, G. P. Cammann, Joel Foster, J. H. Griscom, A. N Gunn, R. K. Hoffman, A. T. Hunter, Jared Linsly, James Macdonald, J. B. McEwen, William W. Miner, Valentine Mott, Willard Parker, Alfred C. Post, J. Kearney Rodgers, Hugh Sweeny, Peter Van Arsdale, J. A. Washington, James R. Wood.

H. D. BULKLEY, M. D.,
Secretary.

New York, Dec. 31, 1845.

Appointment.—The Savannah Republican announces the appointment of our able correspondent, Dr. John Le Conte, of that city, to the Chair of Natural Philosophy and Chemistry in the State University, at Athens. Dr. Le Conte is too well known to our readers to need any praise at our hands. We are happy to announce that he will still continue to enrich our pages with his able and interesting communications.

Preservation of Anatomical Subjects.—The *hyposulphate of soda* and the *chloride of zinc* have recently been employed with great success in preserving bodies for dissection. The first is a transparent inodorous fluid; its reaction is neutral, and it is obtained by passing sulphurous acid through a concentrated solution of carbonate of soda. One gallon of this liquid injected into one of the carotids, into the brachial, or popliteal arteries, completely arrests the progress of decay, and renders the subject fitter for injection of the vascular system. The *chloride of zinc* possesses even more powerful antiseptic properties than the hyposulphate of soda. It may be obtained by saturating muriatic acid with zinc filings. The external parts of the body are washed with this preparation; and by its use the most fœtid parts are instantly rendered inodorous by its contact. Parts which are in an advanced state of decomposition are instantaneously restored by it, and after a few moments recover their natural color.

LIGATURE OF THE LEFT SUBCLAVIAN WITHIN THE SCALENI MUSCLES.—The New Orleans Med. and Surg. Journal for May, 1846, states that the operation of tying the left subclavian artery within the scaleni muscles, has been performed *five* times by surgeons now living in that city. Four of the cases terminated fatally, and one recovered. The two last operations were performed by Dr. A. Mercier; one for traumatic aneurism of the axillary artery, in 1844; the other for true aneurism of the subclavian itself, in 1845, originating from carrying a basket on the shoulder. Dr. M.'s first case died on the 16th day, from secondary hemorrhage and pleuritis. This operation was performed below the clavicle. His second case was operated on above the clavicle; the *patient recovered perfectly*, and is now living in New Orleans in the enjoyment of good health.—*N. Orleans Med. Jour.*, *May*, 1846.

A NEW EPIDEMIC.

"DR. LEE:

"REDWOOD, LA., Aug. 1, 1846.

"Dear Sir,—Our country is at present remarkably healthy, and I very seldom hear of a case of disease. The whooping-cough has been the rounds of the parish. It has been very slight, unless accompanied with a complication either of the head, breast, or gastric department, and there have been but very few of either complication. I had several cases where there was evidently congestion of the lungs. The child seemed about to suffocate by closure of the glottis. Sometimes v. s. was resorted to with the happiest effect. This, followed by Hyd. Sub. and Hyosciamus in small doses owing to the age of the patient, generally effected a cure. I found great benefit accruing from the use of an emulsion of assafœtida.

"There is a singular disease which has prevailed here. It commenced with my young negroes, and many were affected, males and females; several plantations off had cases where they had no communication whatever. It broke out in several parts of this and the adjoining parish simultaneously, and seemed determined to run its course. Sometimes, during the most active treatment, and when we were almost on the point of believing the disease cured, it would break out with violence again, and perhaps die off and disappear for a time. The oldest practitioners say they never saw the disease before, and all pronounce it *epidemic.*—*Symptoms.* Generally a slight fever which lasts an hour or two; this disappears, in from eight to twenty hours; then there will be a discharge of pus from the vagina: the vulva, or nymphæ, is not affected. No sign of inflammation, or irritation; but the discharge is very profuse, and unaccompanied with any pain; sometimes streaks of blood will be found. The pus is similar to healthy discharges from abscesses, and of the same specific gravity.

"*Treatment.*—I have generally commenced by injections of tepid milk and water. Frequently when the discharge has seemed to diminish, I would resort to different vegetable astringents—and in fact, all the different mineral ones. They all seem to relieve for a time, but it is certain to return. I have known very few adult cases, it being generally confined to children of both sexes under ten years. When the male is affected, the inflammation seems to be seated behind the *prepuce* and around the *corona glandis* I have found a solution of 10 gr., of nitrate of silver, to the ℥ of water, used often, has the best effect. Will you give me your views on the matter? We have had very little intermittent fever this year, and when we do, a dose of oil with quinine in 10 or 20 grain doses, administered by some intelligent overseer, generally effects a cure.

"Yours, respectfully,
"James S. Peacock."

YELLOW FEVER.—We have received the proof-sheets of an article on Yellow Fever, by Dr. DOWLER, intended for the August No. of the New Orleans Med. and Surg. Journal, from which we extract the following. It would give us great pleasure to publish the entire article, but there is so great a pressure upon our pages in the present number that we are reluctantly obliged to quote but a small portion.—[*Ed. N. Y. Jour. Med.*]

"In denying, or rather doubting that yellow fever is produced by any emanation from the sick, or from marshes, nothing more is intended than that such emanation is unsupported by any evidence worthy of belief. Were a subterranean, a solar, a lunar, or a stellar theory substituted, it might be true, or not; the *onus probandi* belongs to the proposer of such doctrines.

"An alleged cause ought to be invariably followed by its effects: for example, if the doctrine of imported contagion be adopted, then the town of the Balize, at the mouth of the Mississippi, is the most exposed point on the globe, as the vessels supposed to be infected, are often detained there, for pilotage and towage, and from getting fast on the bar; adopt miasma as the cause, and yellow fever ought to be eternal, as this is, of all towns, the most exposed to marsh exhalation, and yet yellow fever is unknown to the residents."

Again, he remarks:—

"The assumption that yellow fever is the product of marsh poison is not only unsupported by its topographical affinities, but is irreconcileable to its modern appearance.

"To say nothing of the valley of the Mississippi, its delta alone, from Cape Girardeau to its mouth, forms, according to Mr. Forshey, 31,200 square miles, having a mean width of 418 miles, and a length of 600; the depth of the alluvion having a mean of 50 feet, required 13,684 years for its formation, by deposits from the river. During this long period it must have been excessively swampy. The condition in which De Soto found it, in 1539, was of course worse than at present; yet the yellow fever did not appear in New Orleans until a period very recent, when compared with the Northern States and the West Indies, which had been previously desolated by many epidemics, for nearly a century and a half before it visited swampy Louisiana. The valley of the Mississippi, not the little fens of Old England, nor the mill-ponds of New England, nor the Pontine marshes, or rather the Pontine pasture lands of the Eternal City, offers the best and the most extensive field for testing every possible malarial question which the most imaginative miasmatists had ever been able to conceive or propound since 1717, when Lancisci published his *De Noxiis Paludum Effluviis.* In the entire valley, an area of nearly the third of a million of square miles, since its discovery, the aggregate mortality from yellow fever to the present time, has not equalled the half of that during a single year in Old Spain, where it has amounted by the official reports to one hundred and twenty thousand, in places free from swamps, and even among mountains.

"The cause, which in one locality produces goître; in another, elephantiasis; in a third, Plica Polonica; in a fourth, the yaws; in a fifth, leprosy; in the sixth, yellow fever—is quite unknown, though many pretended explanations have been given. As some places produce wheat, or bananas; live oaks, or cypresses; hanging moss, or palmettos; mosquitoes, or alligators,—so may yellow fever be produced, without our being able to show the cause of the one or the other class of effects.

"That the essential cause of yellow fever will ever be discovered, or being discovered, will be controlled, or prevented by human art, is altogether improbable. Its mysterious cycles culminate, decline, and reappear. Charleston, desolated at the close of the seventeenth century, was exempt in the first quarter, but a sufferer in the second quarter of the eighteenth—nearly half a century of exemption followed again—(a period much longer than that which now cheers the cities of New York, Philadelphia, Boston, and Baltimore) with hope that yellow fever had taken its leave of them for ever. But the last decennial period of the past century, and the first of the present, relumed the flames of the epidemic in Charleston, where they had smouldered so long, and in which they still continue to break out almost annually. Charleston suffered nearly a century in advance of New Orleans, and is still as great a sufferer as the latter.

"It is to be lamented that the topographical ameliorations which have been pushed forward with a celerity characteristic of N. Orleans, have not diminished or modified the yellow fever of the place, though, strange to say, this opinion is so unwelcome to all, and so humiliating to theorists, that it is constantly repudiated, while 'the long funerals which blackened' all the streets no less than five different seasons from 1837 to 1843 inclusive, are still but too fresh in the recollections of 100,000 people. As gloomy prognostications are as useless as unwarrantable, let us hope that New Orleans has entered upon a non-epidemic cycle, not only for half a century, as once happened to Charleston, but for ever. The yellow fever prophets and prophetesses have not hitherto been able to read the Sibylline leaves of its etiology, so that epidemics cannot be certainly known until after their occurrence."

With respect to the yellow fever on the island of Barbadoes, Dr. D. remarks as follows:—

"Barbadoes (thirteen degrees north of the equator) is twenty-one miles long, and one-third less in breadth, consisting of a soft, calcareous rock, rising from the bosom of the sea, by gentle acclivities, to the centre, where the elevation is nearly two thousand feet. It is covered with a vegetable mould. Lind, in his work on climate, says, that this island is 'free from trees, underwood, and *marshes*.' Wells afford good water, though there are no water-courses. The mercury ranges from 76° to 82°, rarely to 88°. Here stagnant air, one of the alleged causes of yellow fever, has no existence, as the sea breezes and trade winds 'operate unspent,' and with great force, augmenting sometimes to powerful hurricanes, which latter are often more destructive than yellow fever itself. In 1674, two hundred persons were killed by a hurricane; in 1780, by the official account, 4,326, and in 1831 about 3,000 more.

"Barbadoes was settled by the English in 1605, and was soon put in a high state of cultivation. In less than a century, it contained about 150,000 inhabitants, more than 500 to the square mile—a density exceeding that of nearly all other countries. In 1786, the population had declined to less than 80,000—a result, perhaps, more attributable to the exhaustion of the soil, than to the ravages of the yellow fever: for this island, like most places to which yellow fever shows a marked geographical predilection, is, paradoxical as it may seem, extremely healthful, being little if at all subject to other forms of epidemic fever. Lind repeatedly calls it the most 'pleasant and healthful' of the West India Islands. Towards the close of the eighteenth century, an English traveller, Sir W. Young, thus describes it: 'The island is dotted with houses as thickly as on the declivities in the neighborhood of London or Bristol, but with no woods; two or three straggling cocoas near each dwelling, were all the trees to be seen.'

"For two centuries, this island has been the hot-bed of yellow fever, which Dr. Ferguson, Inspector general of hospitals in the West Indies, declares to be of the very worst form. If the logic of contagionists is inconclusive, that of miasmatists is evidently erroneous. No one can deny, that temperature, humidity, and the like, greatly influence human health. It does not hence follow that the swamps of Louisiana emit any mystical miasma, which is the cause of the yellow fever: indeed the most swampy portions of the State are freest from this disease. When swamps cannot be found, as at Barbadoes, Vera Cruz, Havana, not to name scores of towns in Spain, including that dry mountain of rock, Gibraltar, still the advocates of this doctrine would have us to believe, in opposition to the evidence of our senses, that as the disease is present so is its assumed cause, marsh exhalation. This extensive subject can only be glanced at in this place. Bancroft attempts to account for the great epidemic of 1647, not by the agency of swamps, but by stating, that, as Barbadoes had been then settled but little more than twenty years, and 'that so little of it was at that time cleared and cultivated, that *dry* weather, assisted by great heat, was best suited to the production of noxious miasma; contrary to what has been the case at Barbadoes since it attained its highest state of cultivation many years ago.'—He totally forgets, that as the cultivation increased, so did the yellow fever for two centuries.

"It is worthy of observation, that intermittents are not found in this island. Dr. Gilpin, principal medical officer at Gibraltar, never knew of but one intermittent fever in that great fortress of yellow fever."

SECOND MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The Association of Medical Superintendents of American Institutions for the Insane, held its second meeting at Coleman's Hotel, in the City of Washington on the 11th of May, 1846, the President, Samuel B. Woodward, M. D., in the chair, and Thomas S. Kirkbride, M. D., Secretary.

Present.

Dr. Samuel B. Woodward, of the Massachusetts State Lunatic Hospital at Worcester.
Dr. James Bates, of the Maine Insane Hospital, Augusta.
Dr. Andrew McFarland, of the New Hampshire State Hospital at Concord.
Dr. William H. Rockwell, of the Vermont State Hospital at Brattleborough.
Dr. Luther V. Bell, of the McLean Asylum for the Insane at Somerville, Mass.
Dr. C. H. Stedman, of the Boston Lunatic Asylum.
Dr. N. Cutler, of the Pepperell Asylum, Mass.
Dr. George Chandler, of the Massachusetts State Lunatic Hospital, at Worcester.
Dr. John S. Butler, of the Connecticut Retreat at Hartford.
Dr. Amariah Brigham, of the New York State Lunatic Asylum at Utica.
Dr. Pliny Earle, of the Bloomingdale Asylum, New York.
Dr. G. H. White, of the Hudson Lunatic Asylum, New York.
Dr. James Macdonald, of the Private Institution, Flushing, N. Y.
Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane, Philadelphia.

Drs. Stewart and Fenerden, of the Maryland Hospital.
Dr. I. P. Stokes, of the Mount Hope Asylum at Baltimore.
Dr. Wm. M. Awl, of the Ohio State Hospital, at Columbus.
Dr. John M. Galt, of the Eastern Asylum of Virginia, at Williamsburgh.
Dr. I. W. Parker, of the South Carolina Hospital, at Columbia.
Dr. Walter Tellfer, of the Lunatic Hospital, at Toronto, Canada.

Dr. Wm. M. Awl, of the Ohio State Hospital, was elected Vice-President of the Association, in the place of Dr. Samuel White, of Hudson, deceased.

Reports were received and read from various committees appointed at the last meeting of the Association :—

On the subject of the Moral Treatment of Insanity, by Dr. Amariah Brigham; on the Medical Treatment of Insanity, by Dr. Samuel B. Woodward; on Restraint and Restraining Apparatus, by Dr. Bell; on the Construction of Hospitals for the Insane, by Dr. Awl; on the Jurisprudence of Insanity, by Dr. Ray; on the Organization of Hospitals for the Insane, by Dr. Kirkbride; on the Statistics of Insanity, by Dr. Earle; on Asylums for Idiots and the Demented, by Dr. Brigham; on Chapels and Chaplains in Insane Hospitals, by Dr. Butler; on Post Mortem Examinations, by Dr. Kirkbride; on Asylums for Colored Persons, by Dr. Galt; on the proper provision for Insane Prisoners, by Dr. Brigham. An Essay on the Construction of Hospitals for the Insane was also read by Dr. Bell, and the subjects embraced in the Reports were minutely discussed by the Members of the Association.

The following preamble and resolutions were adopted :—

Whereas, Since the last meeting of this Association, Dr. Samuel White of New York, the venerable and highly respected late Vice-President of the Association, has died :—

Therefore,

Resolved, That by the death of Dr. White, this Association, and the Medical Profession, have lost an esteemed and valued member, and the cause of humanity a useful and active friend. Particularly have the friends of the insane reason to mourn his loss, as he had long been successfully engaged in relieving the sufferings of this afflicted class of his fellow beings, and, by his labors and his writings, essentially aided in improving their condition.

Resolved, That we deeply sympathize with the surviving members of his family, and recall, at the present time, the excellences of his character, his useful precepts, and the worthy example he presented of a Gentleman, Physician, and Christian, devoted to deeds of goodness, and whose long and active life was spent in promoting the welfare of his fellow-men.

Resolved, That Dr. Brigham be requested to prepare an obituary notice of the late Dr. White, to be entered upon the minutes of the Association, and to be published.

Resolved, That the Secretary of this Association present a copy of these resolutions to the nearest relative of the deceased.

The following resolutions were also adopted by the Association during its different sessions :

Resolved, That the resolution of the last meeting, relative to Members of the Association, be so amended as to read as follows :—That the

Medical Superintendents of the various incorporated, or other legally constituted Institutions for the Insane, now existing on this continent, or which may be commenced prior to the next meeting, and all those who have heretofore been Medical Superintendents and members of this Association, or who may be hereafter appointed to these stations, be, and they are hereby constituted Members of the Association.

Resolved, That in future, each regularly constituted Institution for the Insane on this continent, may have one representative in this Association;—that as heretofore, this shall be the Medical Superintendent, where such officer exists, but in those institutions in which there is a different organization, it may be either of the regular medical officers who may find it most convenient to attend.

Resolved, That the subjects, upon which committees were appointed at the first meeting of the Association, be continued, each in the hands of the Chairman of the respective Committees, to be reported upon at the next meeting.

Resolved, That in addition, each one of the following subjects be confided to a single Member of the Association, who is hereby requested to report at the next meeting of the Association:—

1. Treatment of Incurables. Dr. Macdonald.
2. Is there any relation between Phrenology and Insanity? Dr. Fenerden.
3. The Classification of Insanity. Dr. Earle.
4. The admission of visitors into the halls of the patients. Dr. Ray.
5. Visits to, and correspondence with patients by their friends. Dr. Stokes.
6. The comparative value of the different kinds of manual labor for patients, and the best means of employment in winter. Dr. Rockwell.
7. The proper number of patients for one institution. Dr. Brigham.
8. The utility of night attendants, and the propriety of not locking patients' doors, during the night. Dr. Chandler.
9. The advantages and disadvantages of cottages, for wealthy patients, adjacent to Hospitals for the Insane. Dr. Kirkbride.
10. The relative value of the different kinds of fuel for heating hospitals. Dr. Bates.
11. Insanity and the condition of the Insane in the British Provinces. Dr. Tellfer.
12. The nature and treatment of Insanity produced by the use of intoxicating liquors. Dr. Stedman.
13. The relations of Menstruation to Insanity. Dr. Fenerden.
14. Under what circumstances can the Insane of the poorer classes be properly treated with the greatest degree of economy. Dr. McFarland.
15. The effects upon the Insane of the use of Tobacco. Dr. Cutler.
16. Reading, recreation and amusement for the Insane. Dr. Galt.
17. On water closets in the wards and yards of Hospitals for the Insane. Dr. Bell.
18. On the construction and arrangement of Institutions for the Insane in Southern climates. Dr. Parker.

Resolved, That the members of this Association be urgently requested, with the concurrence of the friends of patients, to make post mortem examinations, in all cases of insanity which may prove fatal while under their care, and to report the result of their observations at the next meeting of the Association.

Resolved, That each Member of this Association be requested to ascertain the facts and circumstances (such as sex, age, civil state, vocation, mode and other matters susceptible of being tabularized), of each case of suicide, occurring in his respective State, between the first day of January and the last day of December, 1847, and forward an abstract of the same as soon after the latter date as convenient, to the Chairman of the Committee on Suicide: it being understood that in States having more than one member, they be requested to divide their States by certain territorial limits.

Resolved, That it be recommended to the Officers of the different Institutions for the Insane in this country, to have engraved, previous to the next meeting of the Association, a view and ground plan of their respective establishments, and of a size that will permit their being bound with their Annual Reports.

Resolved, That a committee of three be appointed to publish, in a collected form, the Transactions of the Association, or, under certain circumstances, such parts of the same as they may deem expedient.

Resolved, That the essays presented to this Association are understood to be the opinions of the Chairmen of the different Committees by whom they have been reported, and do not necessarily express the sentiments of other members relative to their details.

Resolved, That in case the Committee do not publish any of the essays, their writers then have the privilege of publishing them in a separate form, should they deem it expedient to do so.

Resolved, That the Secretary be directed to publish an abstract of the Proceedings of the Association, in the American Journal of Insanity, the American Journal of the Medical Sciences, and the New York Journal of Medicine.

The Association continued its session till the evening of the 14th of May, and adjourned to meet in the city of New York on the 2d Monday of May, 1848, at 10 A. M.

By order of the Association,
THOMAS S. KIRKBRIDE, *Secretary.*

GEOLOGICAL MEETING.—The yearly meeting of the American Association of Geologists and Naturalists will be held in the City of New York, at Columbia College, on Wednesday, Sept. 2, at 11 A. M., and be continued for several days. Any evening sessions or addresses will be at the New York University. Persons interested in the progress of science are invited to attend.

JAMES TALLMADGE, *Ch'n Local Com.*

H. MEIGS, } *Sec'es.*
C. M. WHEATLEY, }

New York, August 19, 1846.

Members of the Association are invited to register their names and address at the rooms of the American Institute, in the Park.

Foreign Medical Intelligence.

ANATOMY AND PHYSIOLOGY.

1 Anatomy.

Conclusions relative to the structure and functions of the placenta, by Mr. John Goodsir.—1.—The placenta, as has long been admitted, consists of a fœtal and a maternal portion intermixed. But the maternal portion, instead of consisting of a part of the vascular system of the mother only, includes the whole of the external cells of the villi.

2.—The external membrane of the placental villi is a portion of the vascular system of the mother. continuous with the rest of that wall, through the medium of the placental threads and lining membrane of the placental cavity.

3.—The system of the external cells of the placental villi belongs to the decidua, and is continuous with the parietal division through the medium of the cavities of the placental threads. This portion of the decidua has been named the central division of the placental decidua, and the threads decidual bars.

4.—The function of the external cell of placental villi is to separate from the blood of the mother the matter destined for the blood of the fœtus. They are, therefore, secreting cells, and are the remains of the secreting mucous membrane of the uterus.

5.—Immediately within the external cells of the placental villi, there is a membrane which I have named the internal membrane of the villi. This membrane belongs to the system of the fœtus, and is the external or bounding membrane of the chorion.

6.—Inclosed within the internal membrane of the placental villi, is a system of cells which belong to the system of the fœtus, and are the cells of the placental villus.

7.—The function of the internal cells of the placental villi is to absorb through the internal membrane the matter secreted by the agency of the external cells of the villi.

8.—The external cells of the placental villi perform, during intra-uterine existence, a function for which is substituted, in extra-uterine life, the digestive action of the gastro-intestinal mucous membrane.

9.—The internal cells of the placental villi perform, during intra-uterine existence, a function for which is substituted in extra-uterine life, the digestive action of the gastro-intestinal mucous membrane.

10.—The placenta, therefore, not only performs, as has been always admitted, the function of a lung, but also the function of an intestinal tube. —*Anatomical and Pathological Observations.*

Royal Academy of Sciences of Paris. March 23.—*On Digestion and Nutrition in Herbivorous and Carnivorous Animals.* By M. Bernard, of Villefranc.

The chief difference between herbivorous and carnivorous animals, as regards the functions of digestion and assimilation, relate to the chyme, the chyle, and the urine.

In a great number of dogs fed exclusively on raw or boiled meat and killed during digestion, M. Bernard always found—1st. *Acid* chyme in the small intestine. 2d. *Opaque, milky, homogeneous* chyle. 3d. *Transparent, amber acid* urine.

In rabbits fed exclusively with vegetables, M. Bernard always found—1st. Alkaline chyme in the small intestine. 2d. Transparent lymphy chyle, presenting scarcely a trace of opalescence in the thoracic duct. 3d. Urine *turbid, whitish*, and very *alkaline*.

The foregoing differences in the chyme, the chyle, and the urine of herbivorous and carnivorous animals, do not depend on any difference in the organization of those animals. To prove this, M. Bernard kept two dogs and two rabbits, whose urine respectively presented the characters above stated, without food for thirty-six or thirty-eight hours, after which period the marked difference between their urine disappeared, being in all *amber-colored, limpid*, and decidedly *acid*. This experiment, which was frequently repeated, and uniformly with the same result, proves that the urine of carnivorous and herbivorous animals possesses the same reaction and appearance when the influence of diet is excluded.

There is a constant relation between the nature of the chyme, the chyle, and the reaction of the urine. Physiology may derive important indications from this fact. If a solution of cane sugar is slowly injected into the veins of one animal, and a solution of grape sugar into the veins of another, it will be found that after a very short time the urine of the latter has become turbid and alkaline, while the urine of the former remains unaltered in appearance and reaction.

When the eighth pair of nerves are divided in an animal during digestion, digestion is arrested, and the urine in a few instants resumes the characters it possessed while the animal was fasting, becoming clear and acid. When those nerves are divided before digestion commences, the process is completely arrested.

On the Assimilation of Amylaceous and Saccharine Substances.—M. Payen read the report of a commission composed of MM. Magendie, Flourens, Milne Edwards, and the reporter, on a memoir on the above subject by M. Mialhe.

M. Mialhe, referring to the views now generally adopted respecting the disaggregation of azotised substances in the digestive organs, concludes that their liquefaction is effected by the concurrent influence of an acid and of pepsine—a reaction which may be compared to that of diastase on starch. We can also conceive how fatty substances, under the influence of bile or some special substance which they contain, become miscible in water and assimilable. But we cannot satisfactorily explain the reactions whereby amylaceous and saccharine substances become alimentary. It is this point which M. Mialhe seeks to elucidate.

Previous to examining M. Mialhe's results on this point, the reporter passed in review the history of the question, citing the facts ascertained by Spallanzani, Tiedemann and Gmelin, De Leuch, Sebastian, Schwan, &c., showing that the fact of the solution and saccharification of starch by saliva has been well ascertained, though the special agent whereby the changes are effected has not been discovered.

M. Mialhe's numerous researches have elucidated the question, by clearing up several doubtful points respecting the reactions of human saliva; by discovering in human saliva the active principle of the transformation of amylaceous substances; and finally, by demonstrating that this principle has the greatest analogy to, if it is not identical with, diastase.

On the Quantity of Carbonic Acid Gas exhaled by Man in Health and Disease.—"1. The relative and absolute quantity of carbonic acid varies in different individuals, and in the same individual under different conditions.

"2. In both sexes the absolute quantity is governed according to the age (Scharling, Andral, and Gavarret).

"3. A greater absolute amount is exhaled by the male than by the female (Scharling), at every period of life, from the age of eight years to old age; but the difference is peculiarly obvious between the ages of sixteen and forty, when the male usually exhales nearly double the quantity exhaled by the female (Andral and Gavarret).

"4. In the male, the absolute quantity increases from the age of eight years to that of thirty, and undergoes a sudden increase at the time of puberty; from the age of thirty the quantity diminishes, and this in proportion to the advance of age (Andral and Gavarret).

"5. In the female, also, the quantity increases up to the time of puberty, but, as soon as menstruation is established, the quantity remains unchanged; whilst, on its cessation, the quantity undergoes a distinct increase, and then diminishes with the advance of age During pregnancy the absolute amount rises to the standard of the non-menstruating female (Andral and Gavarret).

"6. In either sex the absolute quantity has a simple relation to the vigor of the bodily constitution and to the evolution of the muscular system (Andral and Gavarret).

"7. In proportion to the weight of the body the infant exhales the largest absolute quantity, and the youth more than the middle-aged man. After the age of forty the quantity decreases, and the female seems to exhale a considerable amount in proportion to the weight of her body (Scharling, Andral, and Gavarret).

"8. The relative and absolute quantity increases shortly after food has been taken, and whilst digestion is going on; it is greater in the state of satiety than in that of fasting (Prout, Valentin and Brunner, Lavoisier and Seguin, Scharling, Vierordt). Imperfect digestion diminishes the absolute quantity (Lavoisier and Seguin, Scharling). After the use of alcohol in any form and quantity, especially when the stomach is empty, and even after the use of strong tea, the relative and absolute quantity becomes less (Prout, Vierordt).

"9. A moderate amount of muscular movement increases the relative and absolute amount of carbonic acid exhaled (Prout, Scharling, Vierordt).

"10. Depressing passions of the mind diminish the relative quantity (Prout).

"11. Frequent and deep respiratory movements augment the absolute quantity of carbonic acid exhaled (Allen and Pepys, Andral and Gavarret, Vierordt), but they diminish the relative amount (Vierordt). The frequency of the pulse seems to be of no consequence.

"12. The relative quantity is increased by the repeated inspiration of the same air, whilst the absolute is diminished (Allen and Pepys, Scharling, Vierordt). The absolute quantity seems to be increased by the respiration of pure oxygen (Allen and Pepys, Nyster). When the respiratory movements are impeded, or are altogether brought to a close, the relative quantity of carbonic acid contained in the air of the lungs is increased (Vierordt).

"13. By night, and during sleep, the absolute and relative quantity is less than during the day, and in the waking state (Prout, Scharling); the relative quantity is less in the morning than in the evening (Brande); but, before noon, the relative absolute quantity is greater than in the evening (Prout, Vierordt).

"14. The absolute quantity is greater in winter (Lavoisier and Seguin); the relative is increased by electricity and low barometer pressure (Prout, Vierordt); but the absolute is diminished by greater rarity of the air (Vierordt).

"15. An increase of temperature diminishes both the relative and absolute quantity (Vierordt).

"16. The transpiration of carbonic acid through the skin is small in amount; the greatest activity in this function being in a vigorous adult male (Scharling)." —(*Brit. & For. Med. Rev., July*, 1846.)

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MEDICAL PATHOLOGY AND PRACTICAL MEDICINE.

Treatment of Lead Colic.—During the three years that I was with M. Gendrin, I saw a vast number of cases of lead colic; we had, indeed, nearly always two or three men thus affected in our wards, sent from the carbonate of lead manufactory at Clichy. All of these cases were treated with sulphuric acid, and I do not recollect having seen one in which the disease proved refractory to the treatment adopted,—a case or two of confirmed chronic paralysis excepted. The duration of the treatment, as far as I can collect from my notes, was about three days in slight cases, and six or seven in severe ones. The sulphuric acid was given, largely diluted with water (forty-four drops to a pint of water); two or three pints being administered in the twenty-four hours. The amount of pure strong acid taken in that time was, therefore, from one drachm and a half to two drachms. Sometimes the sulphuric lemonade, as it was familiarly called, was vomited as soon as ingested. Still when this was the case, the patient was made to persevere in its use, and the stomach soon became accustomed to the acid, and retained it. When it was retained, the abdominal pains generally began to diminish after the first, second, or third day, the constipation soon giving way naturally, after they had become less intense. In all these instances, not a grain of any kind of medicine was given besides the sulphuric acid, nor was an enema used, the sulphuric acid being the only medicinal agent resorted to, if we except baths.

At the commencement of the treatment, a sulphur bath was given to the patient, the result of which was, that the sulphur, combining with the particles of lead that were on the skin, formed a black sulphuret. The amount of lead, which is thus discovered to encrust, as it were, the skin of those who have worked at preparations of lead, is nearly incredible. I have often seen men go into the sulphur bath quite white, and come out nearly as black as negroes. The lead lying on the skin having been thus made visible to the naked eye, the patients were supplied with a harsh brush and half a pound of soft soap, and made to scrub themselves daily in a warm bath, until all the black sulphuret had been brushed off. The sulphur bath was then repeated, the sulphuret of lead brought out, brushed off and the process renewed, until it no longer rendered visible any trace of lead.

This precaution is indispensable with all who labor under saturnine disease, if we wish to ensure patients against relapse. Whilst at the hospitals of La Pitié and Saint Louis, I have repeatedly had patients under my care with lead colic, who had been discharged as cured from other hospitals a few weeks previously. The sulphur bath, which exhibited a thick coating of lead on the skin, explained at once the cause of the relapse. Indeed, the presence of this coating of lead on the surface of the body is, no doubt, the principal cause of the relapses which are mentioned by authors as occurring so often in these diseases. The lead which thus lies on the surface is gradually absorbed, and, at last, poisoning having again taken place, all the symptoms to which it gives rise are manifested. No patient who has suffered, and been treated for lead colic, can be considered safe unless he has gone through the ordeal of a sulphur bath, with a perfectly white skin, One of the great advantages of repeating the sulphur bath during the treatment is, that the patients, whom it is easy to convince of the importance of getting rid of the metallic poison, when they see it plainly on their bodies, rub with real good will.

The mode in which the acid acts in neutralizing the poisonous effects of the lead is easy to explain. It combines, no doubt, with the lead in the tissues, and forms with it an insoluble sulphate or sulphuret, which is consequently inert, and is gradually eliminated from the economy. This is the interpretation adopted by M. Gendrin, and it appears rational enough.—[Mr. Bennett in *London Lancet.*]

Frequency of Intestinal Worms in China.—There is great disposition to the formation of intestinal worms, almost exclusively lumbrici, here (Hong-Kong), as well as at Chusan, which are sometimes generated in extraordinary numbers, being occasionally voided by the mouth, but more commonly by the anus, and giving no symptoms of their existence till they are discharged: they are found in masses, on post mortem examinations, after fever and flux; the former, as frequently as the latter, when protracted. Their extensive production has been ascribed, erroneously it is believed, at Chusan, to the water found there, containing, as it sometimes does, portions of earthy and vegetable matter; for they are as numerous at Hong-Kong, where the water is singularly clear, and free from admixture of any kind, except small quantities of mineral substances, which it holds in perfect solution, and which cannot be supposed conducive to such effects. There is little apparent difficulty in accounting for the abundance of these parasites in China; it can scarcely be questioned, that the excessive tendency to, and occasional accumulation of them, arises out of the enfeebled, unhealthy condition of the alimentary apparatus, more particularly of the interior membrane; being infested by depraved secretions, and coated with adhesive mucus, it ceases to perform its proper functions adequately; and from the same cause, becomes the prolific bed of those creatures. Neither their origin in the intestines, mode of production, nor introduction, is of any practical importance; it is probable that their ova or elementary germs are extensively diffused, and constantly carried into the stomach with dietetic substances: it is certain that their existence is incompatible with a sound state of the living parts, in which they are developed; and that what is required for their prevention is vigorous healthy action in the parts.—*Wilson.*

Treatment of Diabetes.—The treatment from which I have derived the most decided benefit, has been that addressed to the digestive system, and consisting in the employment of alteratives, sudorifics, chalk, iron, and occasional aperients. In most cases calomel is to be preferred to any other mercurial, and may be advantageously combined, either with tartrate of antimony, or Dover's powder; where there appears to be much gastric irritability, of which the tongue affords a tolerably certain indication, even independent of those sensations which more unequivocally denote such state, the Dover's powder has the best effect; and if the tartrate of antimony be used, it should be given in combination with either opium, or the hydrochlorate of morphia, either of these combinations affording at the same time the best chance of acting on the skin. In this disease, however, diaphoretic medicines seem to have but little power, and should, therefore, where it can be procured, be assisted by the warm bath, which may, provided there be not great debility present, be employed on alternate days. Whilst the red state of the tongue continues, I have given the chalk in full doses with very decided benefit, generally alone, but sometimes in conjunction with the Dover's powder. So soon as the irritability of the stomach has been somewhat diminished, the sulphate of iron, with or without quinine, has been used, and great improvement has been the result; another very useful formula is the citrate of iron with quinine in solution, or a simple bitter, as the quassia. For common drink, where, as is generally the case, the thirst is urgent, one part of lime water with two or three of milk, both allays this distressing symptom, and also acts beneficially on the lining membrane of the stomach. As to the diet of diabetic patients, it is unnecessary to dilate upon it; it should be chiefly composed of animal food, as beef and mutton, in the form of chop or steak, with as little bread or vegetable as possible, and where the state of the stomach does not forbid it, wine or malt liquor may be allowed. By some the latter is objected to, but so far as my experience extends, they have never done any harm, and I think have proved useful. In all of the cases which I have seen within the last few years, the iodide of potassium was tried, but from its having been combined with one or other of the preparations of iron, I do not feel justified in offering any opinion of its actual value, as equally decided good has followed the use of iron alone. From all that I have seen, I do not conceive that bread, when taken in small quantity, produces the bad effects attributed to it by many; at the same time the most manifest injury arises both from it and vegetables when taken in the ordinary manner.—(Geo. Fife *in Prov. Med. and Surg. Jour.*, 1846.)

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MIDWIFERY.

1. *Conception occurring after inversion of the Uterus.*—Dewees says, at p. 512 of his System of Midwifery, that "we may justly entertain doubts" of the uterus having been reinstated after complete inversion. A very complete inversion of the womb is not, if it be early reposited, to be considered as obviating the liability of the patient to a subsequent conception. This I can clearly aver, upon the facts of the case published by me in the Phil. Pract. of Mid., 2d Edit., p. 356, where the case, as seen by the late Dr. James, by Dr. G. Fox, and by myself, is given at large. In that case the inversion was produced by violent and most painful tractions at the cord by an ignorant midwife, who supposed, after she had drawn the womb entirely forth of the patient's body, that the huge mass consisted of some unnatural state of the placenta, which, in fact, was adherent to it. The midwife, even after the womb was withdrawn and hanging between the thighs of the woman, made violent efforts to pull it away from her, and only desisted in consequence of her screams, and the apparent approach of death.

"I reposited this womb, not by compressing the organ between my hands, as it is usually directed to be done, but by waiting until the contraction or after-pains had ceased, and then indenting the fundus with a finger, like the bottom of a bottle, and suddenly pushing the cone upwards to the os uteri, and so into the belly again. This patient was as nearly dead from hemorrhage as any woman I have seen recover from flooding. Upon the re-establishment of her health she bore children, and in two instances was delivered by my friend and colleague, Professor F. Bache. I mention these circumstances in order to show that the extremest degree of inversion—none could be more complete—is not necessarily the cause of lesions in the ovaries, tubes, and other organs connected with reproduction, so great as to deprive them ever afterwards of the reproductive power. Dr. Meigs relates another case in which he and other medical men examined a woman who had been the subject of an inversion of the womb for two years. They all agreed that the case was one of inversion, and the attempts made by himself and them, to reposit the organ, were without success. Nevertheless, some four years after this, she became pregnant, and miscarried of an embryo of more than three months, under the care of Dr. Warrington, who received the embryo."—*Dr. Meigs.*—(*Lond. Med. Gazette.*)

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2. *Twins:—Uterine Inertia with the second child.*—November 25th, 1844.—Nancy Cook, 15, Simpson's Buildings, Adelphi, Salford, aged 39, was in labor of twins. The first child, which was a boy, and presented with the head, was born alive four hours and a half after the beginning of labor;

it was small, as the mother was only at the seventh month of pregnancy. For an hour after its birth there were no labor-pains, but at the end of that time they came on, though they were extremely feeble and infrequent. I was sent for by the midwife of the Lying-in Hospital, who was in attendance, and saw her about four hours and a half after the birth of the first child. The woman was in a good state; the membranes of the second child were unruptured; the pains were so feeble as to have little or no effect on the amniotic sac, and there was an interval of from twenty minutes to half an hour between each pain. I considered it a good opportunity to ascertain the value of Dr. Radford's galvanic plan in renewing uterine action, so I made the necessary arrangements. In about an hour, Dr. Radford and myself, in the presence of my friend, Mr. Nursaw, and my pupil, Mr. William Black, proceeded to apply the remedy. The effect was immediate; strong labor-pains coming on, and continuing whilst the galvanic circle was complete. The woman cried out that she had pain similar to what she supposed might be produced by "forks being thrust into her belly." On examining per vaginam, the membranes were found to be tense and protruding into the passage, and the os uteri was fully dilated. After the galvanic circle was broken, and the intervallic contraction thereby induced had gone off, it was remarkable to observe that so great a degree of tonic uterine action existed, that the amniotic bag could no longer collapse, but remained tense in the vagina, as it does at the height of a pain in normal labor. In the course of about half an hour the intervallic uterine action was so completely excited that we ceased to apply the galvanism; and during a pain, Dr. Radford ruptured the membranes, when the foot was found presenting. I now took charge of the case, and in about a quarter of an hour, with the assistance of slight traction, a very small female child was born alive. We applied a few slight galvanic shocks to its chest, as the respiration was feeble, with a very good effect. The placenta, which was single, came away in about twenty minutes, with less discharge than is usual in twin cases.

The mother recovered well and rapidly; but the second child, which was extremely puny at birth, died of convulsions in four or five days.—*Lond. Med. Gaz.*

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3. *Induction of Premature Labor by Galvanism.*—Jane Ward, aged 23, was pregnant of her second child. In a previous labor, owing to contraction of the outlet of the pelvis, I delivered her by means of the perforator and crotchet, in consultation with my colleague, Mr. Gollard. The diminution in the transverse diameter of the outlet of the pelvis being only about from half to three-quarters of an inch, I allowed her to go on to the eighth month. Dr. Radford, Mr. Stephens, and myself, had then a consultation upon her case, and it was agreed that I should endeavor to induce premature labor by means of a sponge tent introduced into the os uteri, and if this failed, by means of galvanism. Accordingly, in the presence of the above-named gentlemen, on the 28th of March, 1845, I introduced a sponge tent; but as it did not expand, owing to its being badly made, I withdrew it on the 31st, no effect having been produced.

On the 1st of April, 1845, in the presence of Dr. Radford, Messrs. Hunt, Stephens, Runcorn, and my pupil, Mr. W. Black, I applied the galvanism for about twenty minutes, with occasional intermissions. The uterus hardened under the application, and she felt labor-pain, but this lasted only whilst the galvanic currents and shocks were given.

In about eight hours and a half after the use of this agent, the membrane ruptured, little or no dilation of the os uteri having occurred.

April 3d.—About forty-eight hours after the application of the galvanism I made a vaginal examination, but there was no dilatation of the os uteri. On making an abdominal exploration I discovered the head of the child at the fundus uteri. In about three hours after I saw her, labor came on, and the child presented with the breech. The case went on well so far as regards the action of the uterus, but the child was born dead after a labor of about nine hours' duration. Mrs. Mills, an experienced midwife, who had charge of the case, informed me that she examined the funis as it came within reach, but she could detect no pulsation in it. I examined the infant, and found the face purple from congestion, and the nates and scrotum much ecchymosed. The placenta came away in an hour after the birth of the child.

The woman suffered from a severe attack of menorrhagia about twelve days after the birth of the child, which yielded to ordinary treatment and the use of the plug. * * *

Of course, after so few trials as have been made with galvanism in the practice of midwifery, it is very difficult to form an opinion as to its exact value, and the particular cases in which it is likely to supersede means that have been previously adopted. That it is a powerful remedy there can be no doubt in the minds of those who have seen it tried, and that the uterus will respond to its application, whilst the general system is completely prostrated, is equally certain. This latter circumstance is one of its peculiar merits, as I believe that there is no other means by which we excite uterine contraction that is not liable to fail when severe hemorrhage has weakened the vital powers. But the pain and disagreeable sensations produced by the galvanic shocks and currents when passed through the uterus are such as one would not wish to subject a patient to unnecessarily, and this is one of its disadvantages. For this reason I think that we are bound to try other means before having recourse to it, excepting such circumstances exist as render it hazardous to the mother or child to lose any time. Thus, supposing we have a case of uterine inertia, we should try frictions, pressure and cold to the abdomen, rupturing the membranes if justifiable, and even the ergot in most cases, before having recourse to galvanism. But if we should have uterine inertia, complicated with funis presentation, the funis pulsating well, and the passage in a favorable state, a case by no means uncommon, we should lose no time in applying galvanism, inasmuch as the only chance for the child consists in a rapid delivery, which, indeed, might still require the forceps for its accomplishment. I believe it to be a perfectly safe remedy, since I have never seen anything to lead me to suppose that either the mother or child has suffered from its use.

From the little I have seen my opinion is that it is a most valuable means in that class of cases for which Dr. Radford first recommended it, viz., uterine hemorrhage before, during, and after labor, in the latter months of pregnancy; and it must always be remembered that its application need not, in any way, lead us to neglect the ordinary methods of treating these cases, if there is any reason for giving them a previous trial. Of course from this statement must be excepted the old plan of delivering the child where great exhaustion of the mother is present, to supersede which practice, galvanism was specially brought forward.—*Thomas Dorring, Esq.*—(*Lond. Med. Gaz.*)

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4. *On the Action of Galvanism on the Uterus, during Labor.* By Professor SIMPSON.—The *general results* obtained from the employment of galvanism, in the eight cases which I have detailed, may be summarily stated as follows:

In one instance (Case 2), the pains were more frequent in their recurrence, but shorter in their duration during the application of the galvanism. In five other cases (Cases 1, 3, 4, 6, and 7), the employment of the galvanism neither increased the average frequency of the pains, nor their average duration. In one (Case 5), the pains ceased whilst the galvanism was applied, and returned upon its removal. In the instance which I have last detailed (Case 8), the uterine action ceased while the galvanism was applied, and did not return upon the withdrawal of the galvanic action, nor for 24 hours subsequently. There was no reason whatever at the time to expect this as a probable occurrence, independently of the galvanism. But even admitting, for the sake of argument, that the cessation of the uterine action was not the result of the galvanic influence used, still the fact is amply sufficient to show that the galvanic current had not, at least, the power either of increasing the pains, or even of continuing and maintaining them when they offered to fail. It may be proper to add, that during the galvanic action, in none of the experiments did Dr. Barry or I find, in the intervals between the *clonic* uterine contractions or pains, any evidence whatever of unusual *tonic* contraction of the uterus, as shown either by any degree of hardness in the general uterine tumor, or by any degree of tension in the pressure of the bag of membranes or the child's head against the cervix uteri.

It would be hasty and logically incorrect to deduce from the preceding observations, that under no modification, and under no manner of application does galvanism possess the power of directly exciting or increasing the contractile action of the uterus. Forms or methods of employing it may yet possibly be detected or devised, affording a different result. But I believe I am justified in inferring from the preceding inquiry, that as employed at the present time, and in its present mode, it is not a means which can be in any degree relied upon for the purpose in question; and is so far practically and entirely useless as a stimulant to the parturient action of the uterus.—*Ed. Monthly Jour. Med. Science.*

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5. *On Floodings.*—1. "Floodings rarely occur after natural delivery, to any extent, if properly guarded against. 2. They happen most frequently after instrumental and manual deliveries, and after deliveries rendered precipitate by the violence of the expulsive action, *in all of which cases they proceed from lacerations of the soft parts*, sustained during the passage of the child. 3. Those which occur after labors rendered tedious by the abnormal size of the child, may proceed either from laceration or sloughing of the parts. Some rare cases are on record, in which the blood would seem to have escaped by gravity from the uterine vessels, owing to the mother having been raised into an erect posture while in a debilitated state.* 4. Floodings which take place a few hours after delivery, are owing to wounded vessels which have acquired increased activity after the depression occasioned by the shock of delivery has gone off. 5. Those which take place some days after delivery are connected with sloughing of the parts, which may either have been injured in the act of delivery, or become tainted by the presence of a putrid portion of the placenta." The phenomena of floodings being thus shown to be identical with those of hemorrhages from wounded arteries, the same plan of treatment is clearly identical in both cases. Floodings, then, are to be treated by exposure to cool air, by cold applications to the parts, or, if need be, by cooling injections into the uterus and vagina; by elevated position of the pelvis, and moderate doses of opium. If arterial blood flow rapidly and continuously, an examination should be made, and if a wounded artery is detected, it should be secured by the usual surgical means.†—*London Medical Gazette.*

MATERIA MEDICA.

New Mode of Administering the Sulphate of Quinine.—A memoir on the use of sulphate of quinine in intermittent fever, by friction on the mucous surface of the mouth and fauces, has been addressed to the Academie des Sciences, Paris, by M. Ducros. The following are the conclusions at which he has arrived:—

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* How can this be, unless there are uterine vessels communicating with the placenta?

† Medical Gazette, vol. xxxvii., p. 150.

1. The sulphate of quinine administered in sulphuric ether, by frictions on the tongue, the velum pendulum, the inside of the cheeks, and back of the pharynx, causes an abundant salivation with a strongly marked bitter taste, in the dose of five centigrammes.* The reaction on the spinal marrow excited by this dose is stronger than would have been produced by two grammes† taken into the stomach or intestinal canal.

2. The action of sulphate of quinine, administered in this manner, is almost instantaneous, whether employed in malignant intermittents, in simple agues, or in temporo-facial neuralgia.

3. This immediate therapeutic action is especially important in malignant intermittent, since given in other methods the sulphate of quinine requires to be taken several hours before the paroxysm, while by this method it is sufficient if it be administered half an hour before the access.

4. A still greater advantage of thus employing the quinine in small doses, is the avoiding of all risk of poisoning by the remedy.

5. The rapidity of this action of the quinine in temporo-facial neuralgia is also a most important advantage.

Physiological Effects of Sulphuric Ether administered by Friction on the Mouth and Fauces.—A memoir on this subject has been addressed to the Academie des Sciences by the same author. The following are his conclusions :—

1. Sulphuric ether, employed in frictions on the mouth and fauces, causes, in gallinaceous animals, instantaneous sleep, characterized by closing of the eyes, and setting up (*hissement*) of the feathers.

2. If morphia, acetate of morphia, or extract of opium, be given during this sleep, the sleep, instead of being augmented, is instantly destroyed; —whence M. Ducros concludes that, in the gallinaceæ, opiates are the antidotes to sulphuric ether.

3. If ether be given in poisoning by opium, the symptoms of poisoning are increased.

4. The soporiferous effects of ether thus administered to fowls, are also manifested in other animals and in man.

5. In cases of hypochondriasis attended with want of sleep, with wandering pains in the chest and abdomen, sulphuric ether employed in frictions on the tongue, velum pendulum, tonsils, and back of the pharynx, procures an agreeable sleep and calms the pains, and especially possesses these advantages in the midst of nervous excitement, when narcotics only tend to augment the general irritability.

6. In the convulsions of pregnant or child-bearing women, in the convulsions of the new-born, in hysterical attacks, in epileptiform paroxysms complicated with trismus (setting of the teeth,) and spasm of the œsophagus, where swallowing is impracticable, if the cavity of the mouth and pharynx be rubbed by means of a camel's-hair pencil dipped in sulphuric ether, the nervous attacks which, by long duration, might prove fatal, may generally be arrested.—*Provincial Med. & Surg. Jour., May 6th,* 1846.

New Formulæ.—The following formulæ not generally in use in this country, are taken from a recent French work, *Traitè de Matière Medicale,* by Dr. Foy (Paris, 1843, 2 vols. 8vo. pp. 628, 714) :—

Ammoniacal Beer.—Take of muriate of ammonia, ʒ iiss; table beer, ʒ xvi : mix. To be administered in doses of a wine-glass full—in scrofula, typhoid fevers, diabetes, abscesses.

Purgative Biscuits.—Take of jalap, ʒ v : sugar ʒ xxx; flour ʒ iv; make into 15 biscuits, one to be taken in the morning for a dose.

Bolus of Arnica.—Take of Arnica flowers, camphor and treacle, of each, grs. viii; divide into two boluses, to be taken daily in paralysis, catarrhal and adynamic fevers, diarrhœa.

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* About three quarters of a grain.

† Half a drachm.

Collyrium of Cadmium. Take of sulphate of cadmium, ghriss; rose water, ℥iv; liquid laudanum, ♏xv; mix: useful in chronic ophthalmia, ulcerations of the cornea, conjunctivitis, retinitis.

Electuary of Tannin.—Take of tannin, grs. x; conserve of roses, ʒij; liquid laudanum, ♏vij.: mix. To be taken in three doses daily, in obstinate chronic diarrhœa, in hemorrhages, in rachitis.

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Preparation of Tincture of Aconite.—Take of the root of the aconitum napellus, well dried and pounded, sixteen ounces troy, rectified spirits sixteen fluid ounces; macerate four days, strain and add spirit till twenty-four ounces are obtained.

This tincture is beautifully transparent, and of a slightly bitter taste. Dose as an *anodyne, antineuralgic* and *calmative,* ♏v. three times a day, increased daily, by ♏j. per dose. As an *antiphlogistic* ♏v. repeated four hours after the first dose. In order to sustain the sedative effects thus induced ♏iiss. are to be given every three or four hours. The author cautions the practitioner that in exhibiting the drug after this plan, the patient ought to be seen and his pulse examined before each dose; if it cannot be done, he advises that it should be given as in the anodyne method above mentioned. The tincture has been used externally by the author, rubbed on the affected part. (*Fleming.*)

To keep Iron-Filings from Rusting.—(Pharmaceutisches Cent. Blatt, 1845, p. 495.)—Iron-filings, even in well-stopped bottles, will rust; in order to prevent this, M. Rigleini rubs up the filings with an equal weight of dry sugar, when they can be kept, even in paper, for a great length of time without rusting.

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To preserve Extracts and Plasters from Mould.—(Pharmaceutisches Cent. Blatt, 1845, p. 512.)—M. Gulielmo, in order to prevent the mould that forms upon the surface of extracts, has been in the habit, for fifteen years, of covering the surface with a layer of refined sugar about the tenth of an inch thick, before tying up the jar. The sugar crystallizes upon the surface, and prevents any change taking place there. Some plasters, such as empl. conii, cantharid., hyosc., melilot., are particularly subject to mould.

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Poisoning by Arsenic.—MM. Maresk and Lados have ascertained that when a pregnant woman is poisoned with arsenic,the arsenic may be transmitted to the fœtus. In an official investigation of a case of this kind, they discovered traces of the poison in a fœtus at the fourth month. The uterus and the placenta also contained arsenic, but the placenta contained a proportionally larger quantity than the fœtus. The liquor amnii contained no arsenic, at least the quantity, if any, was inappreciable.—*Bull. de la Soc. Med. de Gand.*

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Use of the Bromide of Potassium in Secondary Syphilis.—The low price of the bromide compared with that of the iodide of potassium, has induced M. Ricord to substitute that salt for the iodide in the treatment of secondary syphilitic affections. The dose of the bromide is the same as that of the iodide of potassium. It has produced the same therapeutical effects, but more slowly.—*Journal de Pharmacie,* April, 1846.

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Plica Polonica of Vegetable Origin.—The Plica Polonica appears to belong to the class of diseases which are owing to the spontaneous growth of a vegetable substance. Professor Walther, of Kiew, submitted to a microscopical examination the substance which united the hairs, and he found it to consist of a number of minute rounded or oval corpuscles, having in the centre one or two nuclei, which appeared to be the germs of new corpuscles. These researches tend to corroborate those of Gunsbourg.—*Ibid.*

Austrian Rhubarb.—The *Gazette des Hôpitaux* reports that rhubarb is now extensively cultivated at Brunn, in the Austrian dominions, and that large quantities of the root are annually exported to other countries.—*Ibid.*

Treatment of Diabetes Mellitus by Balsam of Peru.—Dr. Vaughes reports in the *Journ. des Connaiss. Med. Chirurg.*, a case of diabetes mellitus cured in five weeks by balsam of Peru. The medicine was given in the dose of fifty drops four times a day, and increased to five drachms daily.

Lozenges of Iodide of Iron.—Take of iodide of iron and saffron, of each, grs. xv; mucilage of tragacanth, sufficient to make 100 lozenges. Dose, ten daily, in scrofulous affections, skin diseases, amenorrhœa, &c.

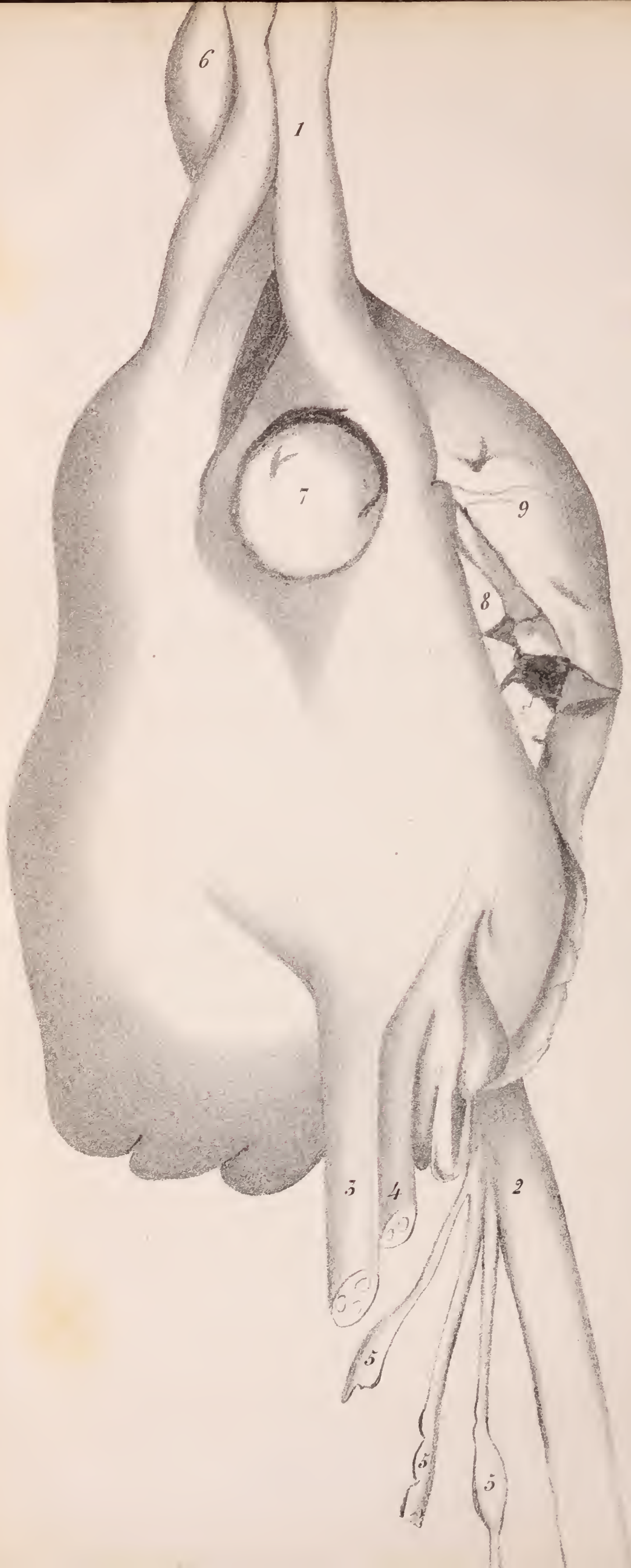
Pills of Monesia.—Take of monesia, grs. xv.; musk and camphor, of each, grs. vii. ss.; mucilage of tragacanth, a sufficiency: make into pills of one gr. each. Dose, 2 to 4, morning and evening, in catarrh of the bladder, gonorrhœa, &c.

Pills of Arseniate of Iron.—Take of arseniate of iron, gr. ii.; extract of hops, ℥i.; liquorice powder, ℥ ss.; syrup of orange flowers, a sufficiency to make 50 pills. Dose, one daily, in cancerous affections, obstinate cutaneous diseases, &c.

Solution of Arseniate of Ammonia.—Take of arseniate of ammonia, grs. vi.; distilled water, ℥ vii. ss.; spirit of angelica, ℥ ss.: Mix. Dose, ♏ xv. to ♏ xxx. daily, in any fit vehicle. In psoriasis, lepra, &c.

Cholera in London.—The Lord Mayor had announced the presence of the Asiatic cholera in some parts of the city, which induced the following conversation in the House of Lords: Earl Fitzhardinge made some inquiry respecting the Lord Mayor's announcement that cholera had appeared in London. The Marquis of Lansdowne replied. As soon as the report reached the Council Office, some medical authorities were consulted; and in a few hours after a medical gentleman of great capacity and experience, conversant with the practice in the different city hospitals, was sent into all the localities in which it had been asserted that cholera had broken out. He visited all the houses in those localities and also all the hospitals; but he had not met with a single instance of disease which indicated the presence of Asiatic cholera. He certainly found instances of that disease which existed in London, and which usually appears in large cities at this season of the year; it has similarity to the Asiatic cholera, but it possesses none of the aggravated character of that dreadful plague.—*Lond. Times, Aug. 10th.*

[From other sources, we learn that diarrhœa, or *cholerine*, depending on atmospheric causes, is very prevalent in England, and we fear indicates the approach of epidemic cholera, as in 1832 and 1834.]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Art. XV.—Human Physiology. With 368 Illustrations. By Robley Dunglison, M.D., etc. Sixth Edition. Greatly improved. In 2 vols. 8vo., pp. 651, 694. Philadelphia: Lea & Blanchard. 1846. *ib.*

Art. XVI.—The Elements of Materia Medica and Therapeutics. (Second American Edition.) By Jonathan Pereira, M.D., F. R. S., etc. With Notes and Illustrations. By Joseph Carson, M.D., etc. 2 vols. 8vo. Philadelphia: Lea & Blanchard. 1846. - - 393

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Art. XVIII.—Adulterations of various substances used in Medicine and the Arts, with the means of detecting them; intended as a Manual for the Physician, the Apothecary and the Artisan. By Lewis C. Beck, M.D., Professor of Chemistry in Rutger's Medical College, New Jersey, and in the Albany Medical College. 12mo., pp. 331. New York. S. S. & W. Wood, 261 Pearl street. 1846. 394

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Art. XX.—Anatomical Description of the Diseases of the Organs of Circulation and Respiration. By Charles Ewald Hasse, M.D., etc. Translated and Edited by W. E. Swaine, M.D., etc. Philadelphia: Lea & Blanchard. 8vo., pp. 377. 1846. - - 395

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TO READERS AND CORRESPONDENTS.

Several articles intended for the present No. are necessarily deferred till our next, which will contain communications from Drs. A. Underhill, Batchelder, Dewees, Moses, Bliss, Ludlow, Maj. Leconte and Mr. Cozzens of this city; Drs. Williams, of Deerfield, Prof. Koeppen of the University of Athens, Greece, President Hale, of Geneva College, Dr. Earle of the Bloomingdale Asylum, etc.

We are happy to announce a series of practical papers on *Midwifery, and Diseases of Women and Children*, from the pen of Dr. James C. Bliss, of this city, prepared expressly for our Journal; the first of which appears in our present number. The great experience and sound judgment of the writer will entitle whatever falls from his pen to more than ordinary consideration. Prof. Williams will also continue his excellent series of papers on our Indigenous Medical Botany.

The proceedings of the New York Medical and Surgical Society will also be continued in our next.

Communications for the next No. should be sent in before the 1st of December next.

We have received since our last, the following publications:

An Anatomical Description of the Diseases of the organs of Circulation and Respiration. By Charles E. Hasse, M. D., etc. Translated and edited by W. E. Swaine, M. D., etc., Philadelphia. Lea and Blanchard, 1846. 8vo., pp. 377. (From the Publishers.)

The United States Dissector, or Lessons in Practical Anatomy. By Wm. E. Horner, M. D., Prof. of Anatomy in the University of Pennsylvania. 4th edition, with numerous Illustrations. Edited by Henry H. Smith, M. D., etc., Philadelphia. Lea & Blanchard. 12mo., pp. 444. 1846. (From the Publishers.)

General Therapeutics and Materia Medica, with 120 Illustrations, adapted for a Medical Text Book. By Robley Dunglison, M. D., Prof. of the Institutes of Medicine, etc., in Jefferson Medical College, etc. 3d Ed., revised and improved. In 2 vols., 8vo. Philadelphia. Lea & Blanchard. 1846. (From the Author.)

Human Physiology, with 368 Illustrations. By Robley Dunglison, M. D., etc. 6th Ed., greatly improved. In 2 vols., 8vo. Philadelphia. Lea & Blanchard. (From the Publishers.)

Elements of Physiology, including Physiological Anatomy. For the use of the Medical Student. By Wm. B. Carpenter, M. D., etc, with 180 Illustrations. Philadelphia. Lea & Blanchard. 8vo. 1846. (From the Publishers.)

The Elements of Materia Medica and Therapeutics. By Jno. Pereira, M. D., etc., with numerous Illustrations. 2d Am., from last London Ed. Enlarged and improved, with notes and additions. By Joseph Carson, M. D., etc. In 2 vols. Philadelphia. Lea & Blanchard. 1846. (From the Publishers.)

Adulterations of various Substances used in Medicine and the Arts, with the means of detecting them. Intended as a Manual for the Physician, the Apothecary, and the Artisan. By Lewis C. Beck, M. D., etc, New York. S. S. & Wm. Wood, 126 Pearl street. 1846. 12mo., pp. 133. (From the Publishers.)

The Water Cure in Chronic Disease, etc. By James Manby Gully, M. D., etc. New York. Wiley & Putnam. 12mo., pp. 405. 1846. (From the Publishers.)

A Text Book on Chemistry, for the use of Schools and Colleges. By John William Draper, M. D. With nearly 300 Illustrations. Harper & Brothers. New York. 12mo. pp. 408. 1846.

A Review of Homœopathy, Allopathy, and "Young Physic." By L. M. Lawson, M. D., etc. Lexington, Ky. 1846. 8vo., pp. 34. (From the Author.)

A Practical Treatise on the Diseases of Children. By James M. Coley, M. D. Philadelphia. 1846. 8vo., pp. 412. (From the Publishers.)

The Trees of America, Native and Foreign, Pictorially and Botanically Delineated, and Scientifically and Popularly described, etc. Illustrated by numerous Engravings. By D. J. Browne, author of the Sylva Americana. Harper & Brothers. 4to., pp. 520. 1846.

Report of Interments in the City of Charleston, with the name and number of each disease, from 1828 to 1846. The Prevailing Disease in each month and the Thermometrical Range. By John L. Dawson, M. D. City Register. Charleston. 1846. 8vo., pp. 21.

Isopathia, or the Parallelism of Diseases. By John M. B. Harden, M. D. (From the Am. Jour. Med. Science.) (From the Author.)

Some Observations on the Ethnography and Archæology of the American Aborigines. By Samuel George Morton, M. D., etc. 8vo., pp. 19. 1846. (From the Author.)

The Factory System, and its Hygienic Relations. An Address, delivered at Boston, at the Annual Meeting of the Mass. Med. Society, May 27. 1846. By John O. Green, M. D. Boston. 8vo., pp. 34. (From the Author.)

An Essay on Congestive Remittent Fever, containing an Explanation of its Phenomena and the Modus Operandi of the Therapeutical Agents employed by the application of Electrical Laws. By O. F. Monson, M. D. Richmond, Va. 1846. 8vo., pp. 11.

Annual Circular of the Mass. Med. College, with the History of the Medical Department of Harvard University. A Catalogue of Graduates, etc. Boston. 1846. 8vo., pp. 32.

Jarvis's Lectures on Fractures and Dislocations, together with concise Instructions in the use of the Adjuster. 1846. (From the Author.)

A Dictionary of Practical Medicine, etc. By James Copland, M. D., etc. Edited, with additions, by Charles A. Lee, A. M., M. D., etc. Vol. II. Harper & Brothers, New York. 1846.

Several other works received will be acknowledged and noticed in our next.

The usual Medical Periodicals have been received in exchange.

THE NEW YORK

JOURNAL OF MEDICINE.

FOR NOVEMBER, 1846.

PART FIRST.

Original Communications.

Art. I.—*Cases of Encephaloid Disease, with Remarks.* By Edson Carr, M. D., of Canandaigua, N. Y.

The following cases formed the subject of an address delivered before the Ontario County Medical Society, at its annual meeting in July last, and at the request of its members, they are given to the profession. They present some points of interest to the general practitioner, aside from the circumstance that they belong to a class of affections not often met with in the ordinary course of private practice. If the perusal of this article shall be found tedious to the experienced observer on account of the minuteness of its details, it should be considered that it was prepared, less for him, than for the younger members of the profession, and they themselves should be content, since what we most need in the present state of medical science, if we would advance it to a higher state of perfection, is an accumulation of just such facts.

Case I.—Alvah White, aged 49 years, of diminutive stature, a shoemaker by trade, called on me for advice early in the spring of 1844. He had a painful affection of his left foot and leg.

In the fall of 1842, he first complained of pain and numbness through the ball of his great toe and over the dorsum of the foot, which gradually extended up the fore part of the leg. This was soon followed by a total loss of power in the flexor muscles of the foot, and the extensors of the toes, together with a wasting of all the muscles supplied with filaments from the fibular nerve.

The extensors of the foot, as well as the flexors of the toes, remained in a state of integrity.

On a careful examination of the limb, no tumor or soreness could be discovered in the whole course of the track of the sciatic nerve, although from some cause it was quite evident that the functions of the fibular branch were suspended.

In this condition he visited New York and consulted Dr. Mott, who attributed the affection to his having been confined to his bench in such a position as to have paralyzed the muscles. He proposed to remove a portion of the tendon of the tibialis anticus with the view of shortening it, and thereby elevating the foot so as to bring it into a more convenient position. It should be remembered, however, that this was during the prevalence of the general mania among surgeons for dividing muscles and tendons for the cure of all manner of deformities. The proposition was declined, and he returned home to his work, the pain and uneasiness in the meantime increasing to such a degree as almost to deprive him of rest and ability to labor.

Soon after his return, a slight tenderness on pressure was discovered deep in the popliteal space. A tumor next made its appearance in the ham, which rapidly increased, so as to fill up the popliteal space. The leg became partially flexed on the thigh, and in this condition he visited Boston in the summer of 1845. Finding no relief he returned home, nearly exhausted with pain and fatigue.

I saw him late in the fall, when the tumor had begun to extend itself up the thigh, where it had become distinctly lobulated, and elastic to the feeling.

In this condition he was anxious to have the limb amputated ; but the indications of malignant disease were at this time so strongly marked that I felt bound to decline the operation. He died on the 7th of March, 1846.

On post mortem examination, an incision was carried from the lower edge of the gluteus maximus to the middle of the calf of the leg. The integuments were reflected, exposing the tumor, which occupied the entire popliteal space. It was enclosed by a fibrous capsule, having two or three nearly circular openings, through which lobules of a medullary formation projected. The tumor was removed, together with the entire sciatic nerve, from the point where it emerges from under the pyriformis muscle, to the middle of the calf of the leg. The fibular nerve was given off within the pelvis, and through its whole extent, was enlarged to nearly twice the thickness of the entire sciatic in its healthy state.

About an inch above the upper border of the tumor, the fibres of the nerve began to diverge, and in their course spread out over either side of the tumor, forming a firm capsule, which gave shape to a mass of medullary and tuberculoid growth. The fibres of the nerve were seen to converge again, as they approached the lower border of the tumor, and unite in two principal points, forming the two divisions of the fibular nerve, viz. the anterior tibial and the peroneal nerves.

The popliteal nerve, which usually embraces about two-thirds of the sciatic, was in this instance somewhat smaller than the fibular branch, although much larger than the whole sciatic as it is generally found in its natural state. The greater part of this nerve passed down upon the inner side of the tumor, forming a deep groove, along which it parted with a portion of its fibres, which appeared to enter into, and assist in completing the capsule formed by the expansion of the fibular branch. Just at the point where the popliteal nerve leaves the lower border of the tumor, several small muscular branches are sent off to the heads of the gastrocnemii and soleus, on which may be seen several ganglionic enlargements which appear very much like the ganglia of the sympathetic.

The tumor measures 5 1-2 inches in length, and eleven in circumference. On laying it open, the outer portion was found to be composed of rather firm medullary substance, while the central parts were somewhat softened and of a yellowish hue, resembling partially softened tubercle. Indeed it is what has generally been described as a combination of medullary and tuberculous formation.

The accompanying drawing is a faithful delineation, as it now appears, in a state of preservation.*

Dr. Warren justly remarks that "the nervous texture seems less disposed than any other to organic diseases." The following extract from the concluding paragraph of his chapter on "Tumors of the Nerves," coming as it does from a man of Dr. W.s' experience, is of itself sufficient evidence of its correctness. "The nerves, at the extremities of amputated stumps, being exposed to pressure against the bone, sometimes enlarge, become painful, and require excision, so, also, pressure on a nerve, from a substance accidentally lodged in or near it, produces an enlargement. In the excision of portions of nerves of the extremities, which had been long the seat of painful affections, we have thought the nerve larger than natural. On the whole, however, we must say, that we do not happen to have met with any such enlargements as would constitute a *tumor* of the nerves, in the sense we attach to this term."

Perhaps such a statement, from such a source, is calculated to convey to the inexperienced observer, an impression that degenerations of the nervous texture are less frequent than they really are.

Dr. Bailey says: "I have seen an instance of a considerable tumor being formed in a nerve. It was very solid in its texture, of a yellowish white color, and larger in its size than a goose's egg. The nerve seemed to be in some measure lost in the tumor, and in one part of it a fibrous structure could be observed pretty distinctly, similar to that of a nerve. This swelling occurred in one of the axillary nerves, and was extirpated by Sir Everard Home, at St. George's Hospital."

The publication of this case attracted a good deal of attention at that time.

M. Velpeau, in one of his clinical lectures, says: "I saw a case of ganglion which occupied the sciatic nerve. It was seated on the back of the thigh, about four inches below the buttock; it had existed for several years, and acquired the size of a child's head. The tumor was extirpated in the following manner: The patient was placed on the belly, with the legs separated, and, supported by assistants, I made an incision six inches long, from the ischium, dividing the subcutaneous fascia and fascia lata; the tumor was thus exposed, drawn backwards, and dissected with caution from the edge of the biceps. It was now evident that the tumor was confounded with the sciatic nerve. The fear of gangrene or paralysis made me hesitate for a moment, and reflect whether it might not be possible to separate the tumor from the filaments of the nerve. I detached the circumference, and dissected the upper and lower parts of the nerve, as if I were making an anatomical preparation, and found that about one-third of its thickness was free, while the remainder was spread all over the bottom of the tumor. The patient bore this painful dissection with the greatest fortitude, and this gave me additional courage to proceed. I therefore dissected away each filament, and pushed them aside, and at last succeeded in completely isolating the tumor. . . . She was completely cured in three months."

M. Chelius and M. Roux have published similar cases, but in that mentioned by the latter surgeon, the tumor was cancerous, and finally destroyed the patient.

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*See Frontispiece.

Mr. Keate, of St. George's Hospital, in 1832, amputated the thigh of a woman 38 years of age, for a malignant tumor of the calf of the leg. On examining the limb after amputation, "the posterior tibial nerve was enlarged, and spread out over the posterior part of the tumor above, and seemed involved in the tumor at its middle. The tumor was enveloped in a cyst one-fourth of an inch in thickness." This was a medullary tumor, and it appears to have involved to a considerable extent the posterior tibial nerve. This, together with the case of M. Roux, are the only instances which I recollect to have seen published, of malignant formations in the texture of the nerves.

The case which I have here detailed, is evidently one in which the disease originated in the nerve itself; for we may remark that for more than two years the symptoms were entirely referable to functional disturbance of the fibular nerve, viz., pain, numbness, loss of muscular power, and a general wasting of all the parts dependent for nervous supply upon that nerve. There was neither pain, soreness, nor perceptible swelling, in or near the popliteal space, for more than two years after its commencement.

That it is of a malignant character, no one can entertain a doubt, who has an opportunity of inspecting the tumor itself. There may be a question as to the malignant character of the disease at its commencement.

A section of the small ganglia, situated along the branches of the popliteal nerve, exhibits a firm, fibrous structure, not unlike the nerve itself. Is it not quite probable that a similar fibrous ganglion may have occupied the site of the tumor in the fibular nerve, so far involving its fibres as to have interrupted the natural functions of the nerve, during the first two or three years of the complaint, or so long as it remained stationary, and that it may have assumed the malignant character at the time when it commenced its rapid growth?

I believe that until quite recently, most writers upon the subject have supposed that genuine tubercle and encephaloid formations were frequently met with in the same morbid growth, but at present doubts seem to be entertained by many, as to the existence of the two formations in the same individual. I am aware that Laennec and Dr. Graves have shown that a yellowish tint is sometimes produced, even in scirrhus, as well as other cancerous growths, by impregnation with the coloring matter of the bile. Dr. Hodgkin thinks that the yellow tint thus communicated is mostly confined to the older parts of these formations. Dr. Walsh believes there is much justness in the observation, and suggests that as encephaloid thus discolored bears some resemblance to tubercle, the similarity has caused the former to be mistaken for the latter.

Now, whatever may eventually be found as constituting the essential difference between tubercle and the various cancerous growths, it is quite sure that something very like tubercle is frequently found in combination with the encephaloid formation. I have repeatedly seen the two combined in the formation of the same tumor, and once, at least, I have seen in the same individual the carcinoma simplex vel fibrosum (of Müller) in the breast; encephaloid and something *like* tubercle in one ovarium, and colloid in the other.

I have now in a good state of preservation, among my preparations in the Museum of the Geneva Medical College, marked No. 21, an ovarian tumor, 6 inches in diameter, through which masses of tubercle and encephaloid are promiscuously distributed. The entire tumor appears to be made up of these two formations, together with its serous envelope, and the normal structure common to all these growths.

No. 23, of the same collection, is an undoubted specimen of the fibrous tumor of the uterus, taken from the same subject at a post mortem examination. The uterine tumor was of seven years' growth, while that of the ovarium was of more recent formation. The body of the uterus in this case would compare, as to size and shape, with that of a healthy woman in the fifth month of pregnancy. A section of the fundus exhibits a curvilinear arrangement of a very firm, fibrous structure. The cavity of the uterus contained a calcareous deposit, about two inches in length, and nearly one in thickness.

The inner lining membrane presented a ragged, corroded surface, besmeared with a dark, greyish, offensive matter, which had characterized the vaginal discharges for many months previous to death. On the exterior may be seen several globular projections, varying in size from that of a small hazel-nut to that of a man's fist, sections of which present a beautiful concentric arrangement of opaque, whitish, and very firm fibrous, or fibro-cartilaginous structure.

We have in this specimen a combination of characteristics which belong to no other morbid growth than that which is now generally known as the fibrous tumor of the uterus, an affection which Baillie described under the appellation of tubercles of the uterus. Mackintosh, and several other writers since the time of Baillie, have adopted the same language, having no reference, however, to any resemblance which these tumors may be supposed to bear to the characters which we understand as belonging to scrofulous tubercle. Indeed, Dr. Mackintosh tells us that " the diseased formation which generally bears this name is not the scrofulous tubercle which is so often found in the lungs, mesentery, and almost all other tissues of the body." The nature of the uterine secretions, and the corroded state of the mucous membrane, together with the general appearance of the cervix uteri in this case, might lead us to doubt whether the fibrous tumor of the uterus was so far removed from a malignant tendency, as some writers have supposed.

Such a combination of characters as these cases present, would seem to justify us in attaching but little practical importance to many of the arbitrary distinctions which prevail in our present systems of nomenclature and classification of morbid growths. Until some means are discovered by which we are enabled to distinguish between genuine scrofulous tubercle, and the tuberculoid formations met with in combination with cancerous growths, such cases as we have been considering should lead us to receive with some degree of caution, the recent doctrine which teaches that there is not only no alliance, but an actual repulsion between the two formations.

Case II.—In March, 1845, I visited Mrs. Kellogg, aged 26 years, in consultation with Drs. Paul and Munson, of this village.

She was rather above the medium stature, of a sickly, sallow complexion.—She had a tumor occupying the right leg, extending from the knee to near the ankle joint, the most prominent point being on the outer side, near the head of the fibula. It had assumed somewhat the form of the leg, measuring 21 inches at the largest point of its circumference. Some parts of the tumor were quite firm and unyielding, others quite elastic to the touch, while a portion extending into the popliteal space was soft and distinctly lobulated.

She complained of soreness in each groin, but there was no perceptible enlargement of the inguinal glands. The uterine functions had been quite regular until within the last six or eight weeks. There was less soreness of the tumor now, than when it was smaller. The skin was slightly discolored, the superficial veins were somewhat enlarged, and over a small space, near the bifurcation of the popliteal artery, a low, blowing sound could be heard. Her general appearance indicated much constitutional disturbance.

The following is a brief history of its origin, as given at the time.

She first complained of pain in the calf of the leg, in the month of September, 1844, which was then supposed to be of a rheumatic character. Soon after, a small tumor was discovered on the outer part of the leg, just below the head of the fibula. It was hard, immovable, and somewhat tender to the touch. There was a dull, aching pain, without throbbing, but at times she felt what she described as "a buzzing or whizzing through the upper part of the calf, or a sort of tremor or sound." Her attempts to describe the sensation made a strong impression on the mind of one of the gentlemen in consultation, that the tumor might be an aneurism—indeed he fancied he could feel something like a tremor or pulsation on grasping the upper part of the calf with the hands. The tumor gradually extended itself in every direction, until it had assumed its present form and appearance.

As we could offer no encouragement of relief from any course of medical treatment, she was induced to submit to the curative process of Homœopathic remedies. It was being cured in this way until June, at which time it had enlarged to 24 inches in circumference. Soon after this, it was punctured by another physician, under the belief that it was a chronic abscess. A watery, sanious discharge continued from the opening, which became exceedingly offensive, the inguinal glands became painful and indurated, the abdomen tumid and painful, and, under a variety of quack doctors and quack remedies, she rapidly declined, and died on the 15th of July, 1845, ten months from the time of the first indication of the disease.

On examination, 18 hours after death, the tumor measured but 22½ inches in circumference, having diminished 1½ inches in consequence of the constant discharge during the last few weeks. An incision was carried from the knee to the ankle joint, the integuments dissected off, exposing the deep fascia, which was tense and shining, having more of the tendinous appearance than is natural. The superficial veins were thickened, and firmly plugged with coagula of blood and partially organized lymph. The deep fascia was hypertrophied to several times its natural thickness, an incision through which exposed a mass of degenerated tissues and foreign growth involving the entire leg, from the knee to the ankle joint. The popliteal space was occupied by medullary growth, about the color and consistence of recent healthy brain. The upper part of the calf presented a mass of bloody, fungoid substance, while the lower part of the leg seemed to be made up principally of a soft, medullary substance, portions of which resembled softened brain. Portions of muscle degenerated into a coarse, fibrous structure, with occasional spicula of bone and hard fibro-cartilaginous structure, could be traced in various directions. Strong, fibrous bands, apparently the remains of processes of the deep fascia, were seen running in various directions through the general mass. During the examination, nearly a quart of bloody sanies drained off from the limb, most of which had been diffused through the cellular structure, exterior to the deep-seated fascia.

No further examination was allowed.—When we consider the nature and extent of disorganization effected in this case, it is a matter of great surprise that it should have been accomplished in the short space of ten months from its first appearance.

The blowing sound heard by applying the stethoscope to the upper part of the tumor was the same as that which is occasioned by a slight compression of any considerable artery, and as it was heard only over a small space about the bifurcation of the popliteal artery, it was supposed to have been occasioned by a slight compression of the anterior tibial artery at the point where it passes through the interosseous ligament. A very slight compression will offer sufficient resistance to the regular current of blood through an artery, to throw it into a state of agitation, and the tremor thus occasioned, being readily transmitted through the medullary mass, will sufficiently explain the cause of the tremor or vibratory sensation experienced through the upper part of the leg. Similar phenomena, sometimes amounting to distinct pulsation, have frequently been noticed in connection with encephaloid growths.

Mr. Lawrence, in a paper read before the Medico-Chirurgical Society of London, in 1832, relates a case in which there was distinct pulsation felt through the tumor for a time ; afterwards, there was a cessation of the pulse in both the tibial arteries. This again returned, together with the pulsation in the tumor.

The medullary formation, in this case, commenced in the head of the tibia, and " protruded from the bone, just at the point of division of the popliteal artery, and the passage of the anterior tibial through the interosseous ligament," which Mr. L. thought would account for the pulsation at an early period, the suppression of the tibial pulse when the growth was confined by the fascia of the leg, and its subsequent return when the fascia had given way.

Dr. Johnson speaks of having noticed this pulsation in two instances ; in one of which the tumor was in the thigh and groin, and the other, in the iliac fossa. In the former instance, the femoral artery was tied, under the supposition that the tumor was an aneurism.

A similar mistake has been attributed to Mr. Guthrie.

Mr. Walsh remarks that " the vascular character of encephaloid seems to render it an *à priori* probability that, under favorable circumstances, pulsation might be detected in it."

Dupuytren mentions the occurrence of pulsation, accompanied sometimes, in advanced stages, with general expansion of the tumor,—ceasing when the chief artery leading to the part is compressed, and returning again with simultaneous dilatation of all the minute arteries of the tumor.

Case III.—Miss Sarah Sackett, aged 30 years, of slender form, pale and sallow complexion, discovered, early in the year 1839, a small swelling upon the outer aspect of the right fore-arm, about three inches below the elbow. It gradually increased in size, attended with slight uneasiness, especially a numbness and prickly sensation extending to the hand.

In the course of a year it had attained the size of a small orange, forming a prominence equal to half its thickness. It presented a smooth elastic surface to the touch, the skin retaining its natural color and appearance. It was removed by Dr. David S. Rogers, at the close of the term of lectures, at the Geneva Med. College, in January, 1840. The operation was quite tedious, occupying more than an hour. The tumor was found to project from between the bones of the fore-arm, and firmly attached to the interosseous ligament, and to the periosteum of the radius. The following letter, received from Dr. Rogers in 1841, will furnish us with the views which he entertained as to the nature of the tumor at the time of its removal:—

Rye (Westchester Co.), *Feb.* 25, 1841.

Dear Sir: Your letter of the 11th instant came to hand yesterday. You request my opinion in the case of Miss Sackett. At the time I removed the tumor from her arm, I expressed a decided opinion as to its malignant character, and likewise the probability of its returning. Mr. Abernethy has named this species of tumor the Medullary Sarcoma. From the character of the disease I advised at the time, in case the tumor should return, to amputate the arm above the elbow; and I cannot give you a strong assurance of a perfect exemption from its return, should she submit to the operation. I have but little confidence in medical treatment for its cure. Sir Astley Cooper has proposed a course of treatment to prevent its return after an operation (see Sir A. Cooper's lectures on diseases of the testicle). Should you remove the arm, it would be advisable to treat her according to Mr. Cooper's plan, although in my experience it has not prevented a return of the disease.

With much respect, yours, &c.,
Edson Carr, M. D. D. L. ROGERS.

In January, 1841, just one year from the time of the removal of this tumor, I was requested to examine another of nearly the same size, which had made its appearance in the cicatrix occasioned by the removal of the first. It was more prominent and pointed than the former one: it was likewise softer to the touch, and had a distinctly lobulated feel. It gradually increased in size, attended with but little pain or constitutional disturbance, until the 5th of June, when I amputated the arm above the elbow.

Although the character of the tumor at this time appeared quite evident, yet for the purpose of removing all doubts upon the subject, I made a free incision through the centre of the tumor, immediately before removing the arm. After its removal I injected the brachial artery, and dissected out the tumor, which was found nearly surrounding the radius, about four inches in length from its head downwards. It measured about 10 inches in circumference, and was composed entirely of soft medullary matter, through which were scattered a few small coagula of dark blood. It is still in a good state of preservation, and may be seen marked No. 16, in my collection of Morbid Anatomy, in the Museum of Geneva Medical College. It is, perhaps, as perfect a specimen of unmixed encephaloid growth as was ever met with.

The stump healed kindly by first intention, and her health continued unusually good for more than four years, during which no trace of any return of the disease could be discovered.

On the 17th of August, 1845, she was suddenly attacked with severe pain in the left side, attended with difficult respiration, which seemed like acute pleuritis; but there was no febrile movement, and the pulse, though frequent, was small and weak. Anodynes, followed by a blister, seemed to afford relief; but her general health, and elasticity of spirits for which she was remarkable, began to decline. She had some cough and occasional pain in her side, until in the early part of November, while on a visit to her friends in Rochester, she had an attack of hemorrhage which evidently proceeded from the left lung. She was so far reduced by this, as barely to be able to remove home at the end of two weeks.

I first saw her after her return on the 21st of November. She was then confined to her bed in a semi-recumbent posture, inclining to the left side. She had cough, pain through the left side extending to the shoulder, difficult respiration, with a sense of fulness and tightness across the chest, which at times was extremely oppressive. She also had occasional sickness at the stomach.

On examining the chest, the left side was found much larger than the right: the intercostal spaces were prominent and elastic. There was little or no motion of the left chest in respiration. Complete dulness on percussion, and entire absence of respiratory sounds. The heart beat strongly about one inch to the right of the sternum. Respiration was strongly puerile over the right lung.

Aside from the early history of this case, such phenomena would be considered as strongly indicative of pleuritic effusion. The symptoms gradually grew worse, until the dyspnœa became so urgent, that I was strongly tempted to make an opening, with the hope of being able to evacuate the contents of the left chest; but I could not divest myself of the impression, that there was a peculiar elasticity of feel over the intercostal spaces, which did not belong to pleuritic effusion. Having a natural disrelish for anything like "dry tapping," my fears saved me the mortification which would have followed the attempt.

Her left foot and leg soon became œdematous, the dyspnœa extreme, and she died on the 7th of January, 1846.

An examination was held twenty-four hours after death. On removing the anterior walls of the chest, a mass of whitish, soft, pultaceous matter was brought into view, which I can compare with nothing better than partially decomposed brain. I commenced removing this with the hand, and meeting with no solid matter, I scooped out the entire contents of the left cavity of the chest, amounting to several quarts, about one-third of which consisted of large masses of dark coagula of blood. Some small portions were found, nearly of the consistence of recent healthy brain; but most of the matter was soft, exhibiting no traces of organization. Not a vestige of bronchial tube, blood-vessel, or pulmonary parenchyma, could be found. The cavity was lined with a ragged, adventitious, membranous growth, of which it is useless to attempt farther description. The entire mediastinum was crowded to the right of the sternum. The heart was rather smaller than common, otherwise quite normal in appearance. The right lung was compressed into about one-half of its original space, but apparently free from disease. The liver was slightly enlarged, and very firm in its texture, but no cancerous degeneration could be discovered.

By comparing dates in this case, we perceive that seven years elapsed between the first appearance and the final close of the disease—a period much longer than is generally required for encephaloid to run its course.

Another important circumstance was the entire exemption of the patient from all traces of the disease for more than four years after the removal of the limb in which it first appeared. Contrasted with the ordinarily uninterrupted and speedy course of encephaloid formations, this would seem to justify an early operation in all cases equally favorable for it: while, at the same time, it only affords another and a striking illustration of the fact, that an effectual removal of encephaloid from the system is a consummation hardly to be looked for under the most promising circumstances.

Painful as this conclusion may be, it is forced from us, and should by no means be lost sight of; for it is of the first importance to ourselves and the community, that when driven as a last resort to the performance of painful operations, we should proceed upon no false estimate of their value. The knife is a bitter medicine; hard to give, and hard to take; and should only be administered in view of what it fairly promises.

A great evil has been done to the profession, by the premature report in the journals of cases like the above, under the too sanguine denomination of *cures*. I have repeatedly been urged to report this case as one of successful treatment, but I had little confidence in it. I had *hope*, indeed, but it was hope inclining more to despair than assurance; and the result has verified my worst forebodings. Let us have *real facts:* we need them; and the profession is under obligation to any man who produces them. But your "*false facts*" trouble us:—they "lead to bewilder and dazzle the blind." In the name of science and of humanity, we say, spare us.

I have omitted any reference to the treatment of the cases I have described, chiefly because it was not unlike what is generally pursued. I am ignorant of any means by which more may be done in encephaloid disease than to mitigate somewhat the symptoms which incidentally occur, and perhaps delay for a little while the sad but certain catastrophe.

Art. II.—*Corpus Luteum. Its value as evidence of conception; and its relations to Legal Medicine, with the characteristics of the True and False. Being an attempt to reconcile the conflicting opinions of writers by the recent discoveries in the Physiology of the Ovaries.* By Samuel S. Purple, M. D.

Writers on legal medicine make but little mention of the difficulties that lie in the way of the formation of a correct opinion on the evidence afforded by a *corpus luteum*. Most anatomists who have attempted the description of the ovaries and their functions, have made mention of *true* and *false corpora lutea*, but give not the distinguishing mark between the two; writers on jurisprudence have taken but a casual notice of this—hence have arisen the difficulties of which we have just spoken.

The recent discoveries in the physiology of the ovaries not only tend, but actually do, when fully understood, clear up the mist that has been thrown around this subject; and the discordant opinions of anatomists, and writers on this branch of medico-legal science, may now be reconciled without the least difficulty. By many anatomists it has been supposed that every yellow body found in the ovaries was a *cor-*

pus luteum, the result of conception. This great mistake has arisen from the want of a true and correct knowledge of the functions of the ovaries, for it was not till within a few years past that their true functions were ascertained.

In the 6th volume of this Journal we gave a paper on menstruation, in which we proved (or attempted to prove) the true nature of this function, and its connection with, or dependence upon, the ovaries. In the present paper we shall attempt to show how far the principles set forth in that paper tend to remove the difficulties which lie in the way of forming a correct opinion of the value of the *corpus luteum* as an evidence of conception.

Haller* believes, 1st, that "conception never happened without the formation of a corpus luteum;" and 2d, "that the corpus luteum is never found in virgin animals, but is the effect of impregnation." Of the truth of these two propositions there can be no doubt at the present time. Previous to the late discoveries of the true functions of the ovaries, many talented and conscientious writers doubted the truth of Haller's views, for in examining the ovaries of virgins they frequently found yellow bodies—bodies which from the circumstances of the cases could not have been the effect of impregnation—hence have arisen the many conflicting opinions of the value of the *corpus luteum* as an evidence of conception.

Haighton,† from numerous experiments which "bear every mark of accuracy and fidelity," came to the conclusion that wherever *corpora lutea* are found "they furnish incontestable proof" of previous impregnation. Cruikshank,‡ W. Hunter,§ Baillie,|| Meckel,¶ Montgomery,** and many recent authors, have come to the same conclusion. Blumenbach,†† Osiander,‡‡ Sir E. Home,§§ Blundell,|||| and some few recent writers believe that "*corpora lutea* are not the necessary result of impregnation." Bostock,¶¶ in order to reconcile these conflicting opinions, supposed that "the evolution of the vesicle (the vesicle of DeGraaf), and the production of the corpus luteum are, in all cases, essentially dependent upon the actions of the female, and that the office of the male does not commence until after this previous step of the progress." Had Mr. Bostock been fully acquainted with what now is generally believed to be the true function of the ovaries, he would not, we think, for a moment have entertained, much more put forth, such a supposition. Indeed, there would have been no necessity for it—facts, truths, are the great lever of the inductive system. With the chain incomplete, or broken, we wander in the mist of hypothesis, but when once complete, we are led with undeviating certainty to correct conclusions.

We have said that every yellow body found in the ovaries was not a

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* Haller, Elem. Phys., vol. 8.

† Bostock's Element. Syst. Phys., 3d ed. note to p. 657.

‡ Phil. Trans., 1797.

§ Hunter's Anat. Grav. Uter., 1775.

|| Baillie's edit. of the same, 1794.

¶ Meckel's Gen. Descr. and Path. Anat., Amer. ed., vol. 3

** Montgomery on Pregnancy, Lon. 1837.

†† Blumenbach, Spec. Phys. Compar., 1788.

‡‡ Meckel's Anat., ed. cit., vol. 3.

§§ Sir E. Home's Lectures, Comp. Anat.

|||| Blundell, Phys. Res., 1824, Lond.

¶¶ Bostock's Elem. Syst. Phys., p. 658, edit. 3, 1836.

corpus luteum, and we are compelled to believe this from numerous and repeated *post-mortems* made many times with special reference to the elucidation of this subject. Every one who has made the ovaries of the human female a particular object of study, must have been forcibly struck with the different appearance of yellow *spots* or *bodies* found in them.

In order that we may be as clearly understood as possible, we shall divide, according to the practice of most writers (although the division is not in truth as correct as might be), all yellow bodies found in these organs into true and false *corpora lutea.* By *true* we shall mean, a peculiar yellow body found always after conception. By *false* we shall mean those yellow bodies, or spots, found in these organs under various circumstances, apparently connected or not with conception. It might have proved interesting and perhaps profitable, had our limits permitted, to have given an account of the literary history of this subject, with extracts from some of the older writers, but we forbear, and with pleasure refer our readers to a series of valuable papers by R. Paterson, M.D., of Leith,[*] which may be looked upon as the most valuable in the profession. As much diversity of opinion exists as to the appearance of the true *corpus luteum*, we shall, before proceeding farther, give the general characteristics of this body in the human female. A more vivid and correct description cannot, in our opinion, be given, than the one found in Dr. Montgomery's work,[†] which, although rather lengthy, we have thought best to copy. He says, "If we examine the ovaries of a pregnant woman, especially if her conception has been recent, we observe, that the one which has supplied the germ differs, in several remarkable particulars, from its fellow of the opposite side; it strikes the eye at once as being larger, rounder, and more vascular; to the touch it feels fuller and softer: we perceive further, that this increase of size of the one is not so much the result of an increased development of the whole substance, or body of the organ, as of the addition to it, at one part of a tumor, projecting more or less from its natural outline, as we find in the eye, where the circumference of the cornea projects from the outline of the globe, the segment of a smaller circle being superimposed on that of a greater. When we examine the protuberant part, of the impregnated ovary, we find that the increased vascularity is principally confined to its limits, where we perceive, creeping on or near the surface, a few small, thread-like, and convoluted vessels, and we generally find the color of this part quite different from that of the rest of the organ; appearing as a deep, or dull, brownish yellow, seen through a slightly reddish medium; and somewhere on the surface of the prominence, we observe a distinct cicatrix or appearance as of a rent imperfectly united;[‡] to a small extent around which the peritoneal coat appears as if abraded, or removed by slight superficial ulceration; and here it is that the twining vessels just mentioned are most distinctly observable.

"This is the point through which the ovulum escapes from the ovary, but it is almost invariably closed up, and impervious, except it happens to be examined within a few days after the passage of the germ. The

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Edinburgh Medical and Surgical Journal, vols. 53, 4, 5, and 6.

[†] Montgomery on Pregnancy, Amer. ed., p. 149, et seq.

[‡] "Cavam cicatricem referens, qualis ab ulcusculo male curato remanere solent." —NOORTWK.

external changes by which we recognize the existence of the corpus luteum in the human ovary, are most obvious in the earlier periods of pregnancy, while there is, as yet, the central cavity, and a degree of vascularity and vital action present; these afterwards subside, the cavity begins to close in, and the corpus luteum losing somewhat of its size, the increased bulk of the ovary is proportionably reduced also. Having satisfied ourselves of the presence of the external characters, we proceed to examine the internal structure; in order to do which we should make a section of the ovary, carrying the knife through the centre of the prominent part, so as to divide the ovary into two longitudinal sections, by which we expose the corpus luteum. In *form* and *size*, it is almost always more or less oval fabiform, with its longer axis varying from four to five-eighths of an inch, and the shorter from three to four-eighths; its thickness is generally less than its breadth. Thus it occupies from a fourth to one half of the whole area of the ovary, according to the period of gestation at which it is examined, the size being generally in the inverse proportion of the time elapsed since conception.*

" Its structure is obviously and strikingly glandular, having a lobulated appearance, with slight convolutions, resembling not a little the section of a human kidney;† or, as some one has said, it is like a miniature of the particular section of the brain called by anatomists *centrum ovale. It is very vascular*, small vessels being frequently visible without any preparation; but if fine colored injections have been previously thrown into one of the branches of the spermatic arteries going to the ovary, the vessels of the corpus luteum will be filled with the coloring matter, and are to be seen running from its circumference towards its centre. The injection will also pass readily and freely into the little serpentine vessels on the surface of the ovary, over the corpus luteum, and around the rent in the external covering; and not unfrequently some of the injection is found extravasated into the central cavity, especially at early periods of conception.

" *Its color* is, as its name implies, a dull yellow, very similar to that of the buffy coat of the blood, exhibiting generally,‡ when recently exposed, a slightly reddish tinge, '*ex flava rubens.*'‖ Its centre exhibits either a cavity, or a radiated or branching white line, according to the period at which the examination is made; if within the first three or four months after conception, we shall, I believe, always find the cavity still existing, and of such a size as to be capable of containing a grain of wheat at least, and very often of much greater dimensions; this cavity is surrounded by a strong, white cyst (the inner coat of the Graafian vesicle), and as gestation proceeds, the opposite parts of this approximate, and at length close together, by which the cavity is completely obliterated, and in its place there remains an irregular white line, whose form is best expressed by calling it radiated, or stelliform.

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* This last remark, we are sorry to say, is not in accordance with the result of our own investigation, for we were loth to believe, until obliged to, that this accurate description in all other respects, was incorrect in this particular. Farther on in this paper we shall give the result of our own researches on the development of this body.—S. S. P.

† *De Graaf*, p. 177.

‡ The reddish tinge is peculiar to the first three or four months of pregnancy, after which time it rapidly disappears.—S. S. P.

‖ Haller, " Ex luteo rubens." Bäer, " E rubella flava."—*Ræderer.*

"Of this latter appearance it ought to be observed here, that it is visible as long as any distinct trace of the corpus luteum remains, and forms one of the most essential characters, distinguishing this body from every other that might be confounded with it."

We owe an apology to our readers for making so lengthy a quotation, but a clearer description, it seems to us, cannot be given in justice to the subject. True, we might have said that its size was that of a cherry; its structure in appearance glandular; its color, as its name implies, yellow, in the early stages vascular to a greater degree than later; possessing in its early stages a cavity, at a later period a cicatrix. Such a description might have answered for those acquainted with the subject, but to a majority of the profession it would have been hardly intelligible, much less sufficient for a correct guide in a *post mortem examination.*

In speaking of the development of the *corpus luteum*, Dr. Montgomery gives it as a general rule, that the size of the body is "generally in the inverse proportion of the time since conception." In ten cases which we have examined in reference to this, four of which were at or near the fourth month of pregnancy, three at or near the seventh, two at the second, and one at the full period of gestation; the greatest size was found to be at the fourth month. Whether this is in accordance with the result of the investigation of other writers, I am unable to say. Dr. Montgomery supposes the size to be governed by the size of the Graafian vesicle. We can easily see, *à priori*, that this might be the case. After delivery it rapidly disappears, and generally by the end of the fifth month all distinct traces are lost. We have not been able to discover any traces of it later than the fourth month, although we have often examined the ovaries of females to ascertain this point. Dr. Paterson thinks he has discovered distinct remains of it as late as the seventh month after delivery, at the full period of gestation; Dr. Montgomery as late as the fifth.

Besides the yellow body which has just been described, there are others, a description of which it becomes necessary to give in this place. All who have examined the ovaries of the human female, must have noticed small yellow spots, or bodies varying in size and the degree of color, in the substance of these organs. These are the bodies which have given rise to the great diversity of opinion that exists in the profession, on the value that ought to be attached to the corpus luteum, as an evidence of conception. These bodies owe their origin to various causes. Thus, at each menstrual period, when the rupture of a Graafian vesicle takes place, the cavity left by the escape of the fluid and the ovum is immediately filled with blood; the red globules being soon absorbed, the fibrin is left as the result. This remains a greater or less length of time, varying according to circumstances. This is the body that Mr. Ritchie has denominated "*corpora menstrualia*," a name, by the by, to which we can see no reasonable objection—and this is the body which is most liable to be confounded with the true *corpus luteum* in its early stages only, as we shall see in the subsequent part of this paper. Again, inflammation of the serous, or inner membrane, lining the Graafian vesicle, by which lymph is cast out, causing an apparent (at least) hypertrophy of the vesicle; effusion of blood, in a greater or less degree, into the proper substance, the structure of the ovary, constituting the true apoplexy of the organ; cysts or cavities filled with a fatty substance of a yellow color; have been described as false corpora lutea. On examining the ovaries we frequently have found a small, hard point, like a tubercle, sometimes of a yellow, at others of a grey color, having the consistence of cartilage. Whether this is in any way connected with a degeneration of a Graafian vesicle, we are not able to say. This has been pointed out to us as a virgin corpus luteum. These bodies, which we have just described, vary from one to three lines or more, in size. Those which arise from the rupture of a Graafian vesicle, are sometimes larger, and are irregular in shape, sometimes oval, at others round, and at others of a square or triangular shape; to the naked eye they possess no blood-vessels. When a very fine, minute injection is thrown into the spermatic arteries, and completely fills the minute vessels of the ovaries, it does not enter into these bodies; hence Dr. Montgomery makes this one of the marks of distinction between *true* and *false.* From the want of free vascular connection, they do not possess that peculiar appearance which characterizes the true, and which Hunter terms "tender and friable, like glandular flesh."

The bodies which we have just described, together with the cicatrices which are always seen on the surface of the ovaries of females who have menstruated, have very often been mistaken for true corpora lutea, and described as such by lecturers, and even by "writers on Forensic Medicine."* They possess none of the characteristics of the corpus luteum which is the result of conception, unless it may be the yellow color, and even this is not always the color of the true corpus luteum; for we have frequently seen it of a reddish brown. Again, in the false body the yellowish matter is contained within the inner membrane of the Graafian vesicles, whilst that of the true body is formed between the two membranes. On this point, however, there is still some dispute. Bäer,† Valentine,‡ and others, believe it to be the inner membrane of the Graafian vesicle in a thickened state. Dr. Lee, of London,‖ is of the opinion "that it is formed around the outer surface of both these coats (the outer and inner coats) of the Graafian vesicle, and that the stroma of the ovarium is in immediate contact with the external surface of the yellow matter." While De Graaf,§ Montgomery, Paterson, and most of modern writers believe, as we stated above, that it is formed between the two membranes. The great difficulty that exists in determining this point arises from the want of a sufficient number of examinations in the early periods of pregnancy. Unfortunately for the elucidation of this subject, these do not frequently occur, and when they do, unless it be at a later period than the third week, we are very liable to confound them with the condition that is known to exist during the flow of the catamenia. We have not had it in our power to examine any case earlier than at or near the second month of pregnancy. Dr. Paterson, in the Edinburgh Medical and Surgical Journal, Vol. I., for 1840, gives the history of a number of cases in which (he supposes) conception took place only a few weeks previous to death; but as the precise period of time is doubtful, in the cases mentioned, we are led to place but little dependence upon the condition pointed out as peculiar to the first three or four weeks of pregnancy. The case of Drs. Reid and Thomson, given by Dr. P., may be looked upon as more definite. The woman had been married six weeks previous to death. "The last menstruation ceased on the 24th of May, 1838. Her husband, a laborer, visited her at the end of every week, and her death took place on the 1st of July, that is, five weeks and one day after the first visit of her husband, succeeding to her last menstruation. The uterus was nearly one half larger than in the unimpregnated condition. The left ovary presented the most perfect specimen of a *corpus luteum* in the process of formation, which I have ever seen in the human female." In the two cases which we examined, the first was that of a young woman æt. about 20 years, who committed suicide by drowning. For rather more than two months she had been intimate with a young man, and for two months previous to her death she had not been regular. The appearances I give as I find recorded in my notes taken at the time. The uterus near a third larger than natural, filled with a soft decidual membrane, and containing the ovum. Left ovary natural. Right presents an elevation or prominence of a purplish color; over the surface can be seen numerous red, tortuous, thread-like lines, which seem to converge towards the summit of the prominence, at which point a small depression can be seen, having the appearance of an imperfectly united, ragged rupture; in the centre of this is a small opening leading into the substance of the ovary. Upon cutting through the centre of this prominence, the body causing it was of a reddish brown color, four-eighths of an inch in length, and of an irregular oval shape, containing a cavity near an eighth of an inch in diameter, and lined with a smooth, dark red membrane. This possessed all the marks of a true corpus luteum. The second case was examined July 17, 1846, by Dr. W. C. Parker and myself for Dr. Rawson, coroner. The young woman, æt. 21 years, committed suicide by taking a large potion of arsenic. She stated to one of her most intimate relatives, about a month previous to death, that she had not been "unwell" for a month, and that she was in the "family way." She was receiving the addresses of a young man, and was known not to have menstruated for two months. I give the appearance of the uterine organs as taken at the time:—Uterus a little larger than natural. Right ovary presented a number of cicatrices upon its surface, the left about one-third larger than the right, soft and more vascular. The increased size appears to be owing to a prominence of a dark purple color, having creeping over its surface a few bright red vessels. On the summit of this prominence is a small depression which leads to an opening, which will not, however, admit a small probe. On making a section of this prominence, a yellow vascular body is found, six lines in length and five in breadth, possessing a cavity lined with a smooth dark red surface. This body presents the appearance which Hunter terms "tender and friable, like glandular flesh." This specimen was examined by Prof. J. B. Beck, of this city, who pronounced it at once to be a true corpus luteum, about two months from conception.

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* Smith's Principles of Forensic Medicine, p. 489, edit. 1821.

† Edinburgh Med. and Surg. Jour., 1836.

‡ Medico-Chirur. Trans. Vol. XXII.

‖ Graaf, de Mulierum Organ. Generat. Insen., Batav., 1672.

§ Edin. Med. and Surg. Jour.

We have given these two cases, thinking that they might throw some light upon the investigation of the early stages of this body. The other cases which we have, possess nothing peculiar in their appearance, and we, therefore, have thought best not to give them in detail. By way of contrast, we will now give the appearance of a false corpus luteum, the result of menstruation. The patient was known to have menstruated

24 days previous to death. She was the mother of three children, the youngest æt. 6 years. She died suddenly from suffocation—was 32 years old. On examination, the uterus was healthy and of natural size, as was also the left ovary, the surface of which presented numerous scars or cicatrices caused by menstruation. The right ovary natural in size; the surface of this also was studded with a number of scars, and presented, when cut into, a brownish yellow body two-eighths of an inch in length, one eighth in breadth, and a little more than a line in thickness, having in the centre a red streak or line. This body was situated near the surface, and produced no enlargement or prominence; immediately over it was a cicatrix. There did not appear to be any increased vascularity about the surrounding structure of the ovary. In a case which we examined on the 12th of May, 1846, for Dr. Rawson, coroner, through whose politeness we have been favored with the opportunity of examining most of the cases from which the facts contained in this paper are made up, the woman had menstruated ten days previous to death. The peculiar yellow cast was not so well marked; the absorption of the red globules of the blood, and the deposit of the coloring matter, upon which it is said, by some, in part to depend, had not taken place. The cicatrix immediately over the body existed. There was no congestion in the surrounding structure. As we have said before, when an examination is made within the first week, the opening leading to the vesicle filled with the effused blood will generally be found; but there exists no yellow appearance—at least such is the result of our own investigation.

From the cases, with the appearances, which we have given of the true and false corpora lutea, we think there can be but little difficulty in distinguishing between the two, if we remember the prominent features which are characteristic of each even when taken separately, and the diagnosis will be much more easy if a comparison be instituted. For instance, by way of recapitulation, in the true corpus luteum, which is the result of conception, the following are the prominent points.

1. As to *external form*, being an increase in the size of the ovary when compared with its opposite, sometimes amounting to nearly one half, which seems like the addition of a portion to the substance of the ovary. The prominence of a dark color, varying from a deep red to a dark blue or purple. Upon the summit an excavation, or depression, leading to an opening into a cavity below (this last is the appearance in the early stages), and running over the surface a number of red tortuous lines.

2. As to *size* and *form*. When cut into, varying according to the age from conception, generally from five to eight lines in length, being in form irregular, round or oval, and possessing a cavity or a stellated line or cicatrix.

3. As to *color*, varying also according to the period examined, if previous to the third or fourth month, frequently of a reddish brown or of a light yellow—the centre lining the cavity of a dark red. If examined towards the close of gestation, the color approaches a light or greyish yellow, having generally a white, radiated or stelliform line of a pearl color in the place of the cavity. We have noticed in one case at the full period a large cavity filled with a dark fluid, the cavity surrounded by the yellow matter about an eighth of an inch in thickness.

4. As to *structure*—which appears to be glandular, resembling somewhat a section of the human kidney, or that portion of the brain called

by anatomists, *centrum ovale.* It is vascular, and capable of receiving a fine injection when thrown into the spermatic arteries.

These may be said to be the leading features or characteristics of a *true corpus luteum.*

Those of the false corpora lutea are:

1. The want of any elevation or enlargement of the ovary.

2. *The size*, which may vary, being from that of a pea down to the size of a millet seed, when it appears like a spot in the substance of the ovary.

3. *The color*, which is often of a dirty, at other times of a light yellow or grey color. It wants the glandular appearance and the central cavity lined by smooth membrane.

4. In the fact of its not being capable of receiving an injection. Dr. Montgomery has given, as one of the characteristics, the absence of the external cicatrix. "The external cicatrix," says he, "is almost always wanting." This is the case in those which arise from an enlarged Graafian vesicle, and by the subsequent absorption of the fluid, producing a puckered or shrivelled appearance; but is not the case in those which arise from a ruptured Graafian vesicle during menstruation, *which is by far the most common form of false corpora lutea.*

Having given the characteristics of the two, we come now to inquire how much value can be placed upon this body as an evidence of conception? Various have been the opinions given to this inquiry. Much discussion and numerous investigations have been called forth, and, as stated in the commencement of this paper, conflicting and unsatisfactory has been the answer. As we stated before, Blumenbach, Osiander, Sir E. Home, Blundell, and a number of other writers, believed that no dependence could be placed upon it; whilst Haller, Cruikshank, W. Hunter, Baillie, Meckel, Montgomery, Lee, Paterson, and others, believe that it is proof positive of conception. Dr. Montgomery's words are: "If I may be allowed to add the result of my own observations, which have now been continued through a period of nearly ten years, during which time I have never omitted a single opportunity within my reach for examining the bodies of women of all ages, and under all the various circumstances of virginity, after intercourse, during gestation, and subsequent to delivery, at different periods from conception; these opportunities having been afforded by more than one large hospital, as well as in private practice. I have also dissected hundreds of the inferior animals with reference to this point, and have in my museum preparations of ovaries exhibiting the corpus luteum in different conditions in the human female, and also in cows, mares, sheep, sows, goats, bitches, cats, hares, rabbits; and my firm conviction is of the truth of both Haller's propositions, viz:—*that conception never happens without the production of a corpus luteum, and that the corpus luteum is never found in virgin animals, but is the effect of impregnation.*"

Dr. Lee says: "From all the observations hitherto made upon the true corpus luteum, we may conclude that it is never formed but as a consequence of impregnation. The yellow oval-shaped substances found in the ovaries of women who have never been pregnant, are produced by morbid states of the Graafian vesicle, and are essentially different in structure."*

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* Medico-Chir. Trans., vol. 22; also Lee on Mid., 1st Am. Edit.

Dr. Paterson is of the opinion "that a certain specific body (called the corpus luteum) is formed and left in the ovary after conception,"[*] different from all other bodies found in the ovary.

Dr. Gross[†] of Louisville, who, in company with Professor Parker (now of this city), has paid particular attention to this subject, is of the opinion that the researches together with the conclusions of Dr. Montgomery "upon this subject are perfectly conclusive."

From the numerous examinations which we have made of the ovaries of human females, at all ages and under all conditions of health and disease, during childhood, at puberty, before, during and after menstruation, at the various periods of gestation, and after delivery, we are firmly of the belief that the *true corpus luteum is an infallible sign of conception;* and that the great diversity of opinion which has been put forth relating to the value of this body as an evidence of conception, has arisen from the want of a proper knowledge of the physiology of the ovaries, consequently confounding and calling all yellow bodies or spots corpora lutea.

From what we have read of the writings of those who differ from this opinion, we can but believe that they have mistaken the true appearance of the corpus luteum, and hence have confounded, in their descriptions, the *false* with the *true*, either forgetting or not knowing that all yellow bodies are not true corpora lutea, and hence are in no way connected with the process of generation.

By way of illustration, we would say that cases not unfrequently arise, in which it becomes a matter of the greatest importance to distinguish between a *true* and *false* corpus luteum; and here it is that the practical bearings of our subject are seen. Take the case of the four[‡] Edinburgh medical students. A prosecution was raised against four medical students, for disinterring the body of a lady in Glasgow. The body happened to be so disfigured that it could not be identified by the relations. The ovaries, however, were examined, and it was reported that a *true corpus luteum* was found in one of them, which decided that they had not belonged to the lady in question, who was a virgin, and advanced in life. On the trial, great contradiction took place between the opinions of the medical witnesses, one half of whom asserted that the *corpus luteum* in question was a true *corpus luteum*, while the other half maintained that it was not. The body of this individual was afterwards identified by a dentist, who produced a cast of the gums." In the absence of the proof afforded by the dentist's cast, it might have been of great assistance to the students, to have established the fact of the presence of a *true corpus luteum*, as this would, in evidence before the jury, be sufficient ground for the immediate discharge of the prisoners, the prosecution having shown or testified that she "*was a virgin and advanced in life.*"

The oft quoted case of Miss Burns[§] is still more clear and to the point. Charles Angus, Esq., of Liverpool, was, in the fall of 1808, tried at Lancaster, for the murder of Miss Burns, a female in his family. (Owing to its length we shall not give the case entire, only such as relates to our subject.)

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[*] Edinburgh Med. and Surg. Jour., vol. 2, 1841.

[†] Gross's Path. Anat., 2d ed. 1846.

[‡] Edinburgh Med. and Surg. Jour., vol. 53, 1840, p. 60.

[§] Beck's Med. Juris., 6th ed., vol. 1, p. 247.

It appears from a review of testimony in the case that for some time previous to the death of Miss Burns, the attendants had noticed that she had increased gradually in bulk, and had the appearance of being pregnant. A few days previous to her death, she appeared to suffer great pain; she could not bear to be touched, and she was observed occasionally to hold fast with her hands to the end of the sofa on which she sat. The pains continued during the whole of Wednesday and Thursday, but on Friday morning (the day she died) they had gone off, and she could walk and appeared much smaller. She died in the course of the day. Upon dissection, the uterus was found enlarged, and capable of holding a quart of fluid. The whole internal surface was bloody; near the fundus was a well defined circular space, of a darker color than the rest, about four inches in diameter; this space was rough, and a small fragment of the placenta remained adhered to it. There were blood-vessels in it as large as a crow quill; the walls of the uterus were about half an inch in thickness. The os uteri was much dilated. "The symptoms previous to her death, and the appearances observed on dissection, were such as to warrant a supposition that she was poisoned," and that she had been recently delivered of a child, near to the full period of gestation. "Mr. Angus was indicted on two counts: 1st, For poisoning Miss Burns; and 2d, For administering poison (oil of savine) in order to procure an abortion. Accordingly, on the trial, the medico-legal questions agitated, were: 1st, Whether Miss Burns had died from the effects of poison; and 2d, *Whether she had been delivered of a child recently before her death.* The opinions of the medical witnesses examined in the case were conflicting. Drs. Gerard, Rutter, and Bostock, and Mr. Hay, considered the appearances "conclusive of a recent delivery." Dr. Carson, for the defence, objected to such a conclusion, and considered the appearances to have been "produced by *hydatids*." Owing to the difference of opinions expressed by the medical witnesses the prisoner was acquitted. Subsequently Mr. Hay took the uterus and its appendages to London, where they were examined, and the ovaries divided in the presence of a number of physicians, and a *corpus luteum* was distinctly seen in one of them. He then received certificates from Drs. Denman and Haighton, Messrs. Henry Cline, Charles M. Clarke, Astley Cooper, and Abernethy, all stating that it exhibited appearances that could alone be explained on the idea of an advanced state of pregnancy. And it appears to have been universally allowed, that the discovery of the *corpus luteum* proved the fact beyond a doubt.

Had the ovaries been examined at the *post mortem* examination, there is but little doubt that a different verdict would have been rendered, as the discovery of a *true corpus luteum* would have proved, beyond a doubt, that conception had taken place. The supposition that hydatids were expelled would not have possessed any weight in evidence against such a conclusion.

177 Hudson st., Sept. 21st.

Art. III.—*Case of Perforating Ulcer of the Gall-bladder, complicating Continued Fever: with Remarks.* By Daniel Ayres, M. D., of Brooklyn, L. I.

In adding another tribute to the domain of pathology, it becomes a painful duty to record a death from among the youthful votaries of medical science; one whose bright progress vied with the noble principles of his head and heart, in securing the warmest esteem of friends and the respect of his seniors in that profession, upon whose threshold he has fallen at the early age of 21 years. Mr. John James Lawrence was an indefatigable student of medicine. For some months previous to an attack of fever, he had been the subject of an obscure derangement of the digestive organs, which, though presenting little of novelty or interest previous to his death, may be valuable in connection with the pathological changes giving rise to a fatal termination.

Though of an active sanguine temperament, accustomed to exercise, rigidly temperate in his habits, he suffered frequent acute attacks of dyspepsia and piles, attended with a torpid and irregular state of the bowels. During ten months, these seldom acted without the assistance of medication; the discharges of fluid consistence, varying in color, attended with more or less pain and great irritability of the urinary organs. No tenderness was ever experienced in the region of the stomach or liver; pulse averaging 86 per minute; tongue slightly coated, and papillæ prominent. These symptoms, though temporarily mitigated by treatment directed to a functional derangement of the liver, returned without apparent cause, and became a source of serious annoyance. During six weeks' attendance at the Bloomingdale Hospital, in the capacity of assistant, he exposed himself constantly and assiduously to the fever-wards of the institution, and was seized July 11th with a chill, followed by vomiting and some fever. Took ℞ Mass Hydrarg. gr. x. July 12th: Removed to his residence, complaining of intense pain in the head, back, and limbs, thirst, muscular soreness, and great debility. His eyes suffused, skin hot and dry, bowels constipated, pulse 110, tongue foul and slimy. To have

℞ Submur. Hydrarg. gr. viij.
P. Ipecac. c. gr. x. M.

with ice and barley water freely, and perfect rest. July 13th: Slept well after 10 o'clock P. M. Bowels evacuated several times; free diaphoresis, pulse 98, full and soft. July 14th: Urgent symptoms much relieved, still had some fever, is restless and thirsty. July 15th: Much as yesterday, pulse 96, no tenderness about abdomen on pressure, bowels confined. To have an enema.

July 16th. After a free alvine evacuation, passed the night comfortably, pulse 88, skin cool, desires food.

July 17th. Had been out of bed, and, contrary to directions, went down stairs, eat some broiled fish, and sat exposed to a cool draught of air.

July 18th. Does not feel so well, had some thirst and fever last evening, restless, pulse 100, skin hot, especially the abdomen, but free from pain or tension. To have enema, also

℞. Liq. Ammon. Acet. ℥ss.
Emetin. gr. 1-8 M. Ter q. hora, sumend.

July 19th. Rested poorly, much fever, pulse 120, tongue covered with white coat, edges and tip red, mind and countenance anxious, much general soreness. To repeat enema and continue treatment.

July 20th. Much as yesterday, bowels have acted.

July 21st. Tongue little changed, pulse 110, considerable heat of surface and thirst. To have sponging and ice more frequently and continue.

July 22d. Has passed a better night, tongue cleaner, but still red; less thirst and irritability. Pulse 100. To have ℞. Ol. Ricini ℥j. and continue.

July 23d. Had a dark semi-fluid dejection highly offensive, some colicky pain, which yielded to an external anodyne application.

July 24th. Rested tolerably last night, tongue more natural and slightly furred. Had two very dark evacuations, abdomen soft, and as heretofore insensible to pressure accurately applied. Skin a little dry, pulse 95 and soft.

July 25th. Much as yesterday, bowels moved twice, lighter in color, no tenesmus.

July 26th. Usual dose of diaphoretic mixture caused nausea and vomiting. Skin moist at intervals, bowels moved three times, pulse 92, slept at times during the day. To diminish mixture.

July 27th. Feels better and stronger this morning, pulse 90, skin cool, tongue less red at tip and edges, moist, bowels quiet, free from tenderness. To have

℞ Infus. Serpent. Virgin. and continue.

July 28th. Very slight exacerbation last evening. Slept well, other symptoms much as yesterday.

July 29th. Feels decidedly better and desires food, pulse 88, regular and soft, bowels moved once a day, skin cool. To have chicken tea and continue.

July 30th. Exhibits more strength, lies constantly on his sides, nourishment agrees well.

July 31st. Scarcely any febrile symptoms last evening, slept well all night and awoke refreshed. Alvine evacuations look better, pulse a little too active but soft, tongue almost natural.

Aug. 1st. Doing well, to have mutton broth.

Aug. 3d. Sits up in bed, is progressing.

Aug. 4th. Spoke very strongly, looks well, appetite craves food—moderately allowed.

Aug. 5th. Entirely free from fever, pulse 86. Skin cool, tongue moist.

Aug. 6th. Is gaining daily, pulse 85, secretions improving.

Aug. 8th. Symptoms all good—is a little peevish, and wishes his attendant to remain with him constantly.

Aug. 9th. Much as yesterday. Complains of confinement to bed. No febrile symptoms.

Aug. 11th. Doing finely, pulse 85, continues nourishment.

Aug. 12th. Feels extremely well this morning after a good night's rest, took his food with relish as usual.

11. A. M. Patient called my attention to "a singular feeling about the abdomen" as he expresses it, not located nor painful, and passing away when his mind is occupied, pulse 86, skin naturally soft and moist, abdomen free from sensibility to pressure and tumefaction, bowels confined since 10th. To have strong enema, and a sinapism to epigastrium.

Aug. 13th Has been restless all night. Suffered no pain, but very uneasy, respiration a little hurried, no fever, in other respects as yesterday, free semi-fluid evacuation of healthy color—appetite as usual.

3 P. M. Was summoned in great haste. Patient had been seized with an acute pain in right hypochondrium. Found him greatly excited, and tossing about the bed. Countenance anxious, breathing quick, forehead covered with cool perspiration, body and limbs warm, pulse 140, quick and small, abdomen a little sensitive, slight spasmodic action of the facial muscles at intervals; expresses himself conscious that something serious has occurred. To have

℞ Spts. Vin. Gal. ʒij.
Tinct. Opii gtt. v. every 20 minutes.

7 P. M. Slight icterode appearance of the adnata noticed, pulse 120, and small, spasm increased, general muscular tremor, abdomen tympanitic, covered with vibices, and tender to pressure, much belching attended with pain, especially after drinking, passed urine as usual, no vomiting. Continue mixture, also

℞ Mist. Camph. ʒij.
Carb. Ammon. gr. ij. M. at intervals.

Aug. 14th. Intellect perfectly lucid up to last evening, but wandering at intervals during the night; dozed for half an hour towards morning. Complained greatly of pain on motion, but could not remain easy in any position, had less spasm, in other respects no material change.

9 A. M. Talks very freely and incoherently, but collects himself and answers rationally. Surface where sinapism was applied very red, cuticle raised for 2 inches and filled with serum, countenance hippocratic, profusely sweating.

11 A. M. Little changed, pulse continues rapid and loses in volume.

3 P. M. Is rapidly sinking, respiration irregular.

11 P. M. Severe convulsions almost constantly, hands cool, ecchymosed spots appear about the abdomen, recognized his attendant, gradually sank and expired at 3 o'clock in the morning of next day.

Post Mortem seven hours after death.—Head not examined, as no cerebral symptoms were present before or during his disease. Lungs and heart healthy; no adhesions in thorax. Pericardium contained ℥j of serous fluid.

On puncturing the abdomen from 8 to 10 ounces of bilious matter, serous in consistence, escaped, tinging a sheet beneath of a bright gamboge color. By extending the incision, patches of lymph were found covering the peritoneal surfaces of the liver and intestines. The appearances of the gall-bladder attracted immediate attention. Its size and situation nearly natural, containing some 3 oz. of healthy and numerous particles of concreted bile. About three lines from the fundus a sacculated tumor presented, embracing a surface of six lines in diameter, slightly discolored, and formed by the ulcerated condition of the mucous and fibro-cellular structure of the organ within, and consequent attenuation of its peritoneal covering: in this was found a minute perforation. Towards the inner edge of the organ, and at its junction with the liver, another point was visible, somewhat different from the former in color and appearance, and around its edges delicate bands of lymph were formed about two lines in length, connecting the cystic and hepatic peritoneum. These readily broke down, and admitted the passage of a probe into the cavity. Around this point of ulceration, as well as at the neck of the organ and its neighboring lymphatic gland, the vessels were highly injected, of bright hue from recent inflammation, but no trace of this was discoverable about the first point of rupture. The internal surface of the gall-bladder exhibited two well marked points of ulceration corresponding to the external before described. That of the first three lines in width presented a well-defined, smooth, sharp edge, almost circular in form, overhanging the dark-colored excavation, at the bottom of which was the perforation: no trace of inflammation around the ulcer. The second four lines in width apparently more recent and active, was surrounded with ragged, irregular edges, enclosing a yellowish soft mass, composed of lymph, softened texture and bile. The remaining surface of the organ presented its usual reticulated structure, without a trace of acute or chronic disease. The cystic and common ducts were patent throughout their extent, with no perceptible alterations of tissue. The same may be said of their point of entrance into the duodenum. The stomach and intestines, so frequently the subject of morbid appearances in this form of fever, presented a remarkable freedom from disease. Slight gastro-enteritic symptoms occurred in the progress of the case, but subsided before its termination. The mucous membrane was normal in every respect; some marks of vascularity alone existing in the duodenum for the space of two inches. The small intestines contained healthy fœces. Peyer's plates exhibited a pale rosy hue, and were slightly hypertrophied; but throughout the whole alimentary canal, no marks of abrasion, ulceration, or softening were visible. The liver and kidneys healthy; spleen engorged and much larger than usual.

REMARKS.

Whilst the acute diseases of this little but important viscus are generally strongly marked during life, its chronic maladies are difficult of detection. Andral has remarked—and his statements are confirmed by equally eminent authority, that "the gall-bladder may be filled with calculi and even with pus; its parietes may be the seat of different alterations; its cavity diminished or disappeared; it may fail to receive bile through closure of the cystic duct, without any of these lesions producing during life any morbid symptoms which could indicate them." We cannot classify this case among the usual pathological phenomena of continued fever. Its history and development tend to date its origin anterior to the supervention of acute disease. Moreover, we have been unable to find among such researches a case of primary disease going on to perforation. Doubtless, this organ, like all others, is liable to be complicated in the course of fever; and Mr. Louis has made it the subject of observation: but whilst he admits that lesions of this organ are more common in typhoid than other acute diseases, all his cases are those of acute inflammation, confined to the mucous membrane lining the gall-bladder and ducts, and terminating in obliteration of the latter, and mere redness, softening, thickening, or suppuration in the former. He found them also following the usual law of other organs, viz., more frequently and seriously affected in cases early fatal. Thus, in those cases where the mucous membrane was palpably inflamed, the patients died on the 8th, 20th, and 28th days of the disease; and in all those dying between the first two periods the bile was copious; whilst in four fatal cases where the membrane was healthy the secretion was turbid and muddy, and in two in which closure of the cystic duct had occurred, the same appearances as those noticed by Dr. Powell and others were present, viz., an aqueous, pellucid fluid, free from the tinge of bile in proportion to its duration.

It is stated by Dr. Budd, that ulceration of the gall-bladder is especially liable to occur in persons in whom it has suffered from former disease; and this seems to be the usual law governing the complications arising in the course of acute diseases. A case is cited where ulceration undoubtedly existed following acute inflammation, from which the patient was convalescing rapidly, but subsequently seized with malignant cholera, he suddenly died, and examination revealed a perforation of this viscus. From the same eminent source we find a case of typhoid fever, furnished by Mr. Bowman, bearing a striking resemblance, in some points, to that now under consideration. The patient died on the 11th day, and three ulcers were found surrounded by evidences of acute inflammation, extending through all the coats: the mucous membrane was thickened and indurated throughout its surface, and the cystic duct obliterated at several points by previous disease. Those who have observed the Walcheren, Sierra Leone, and yellow fever, in tropical climates, mention frequent cases of inflammation and ulceration of the gall-bladder; but from the frequency of the derangements in the biliary apparatus, to which the residents of those countries are subject, they would seem strongly to confirm the opinion above stated, although it is easy to conceive, in very malignant forms of fever, that inflammation in such an organ may proceed at once to gangrene and perforation. We may conclude, therefore, that perforation generally supervenes upon a previous diseased state of the gall-bladder, and very rarely appears in the course of acute disease without such cause. In the present case, had ulceration been the immediate result of acute inflammation, we should probably have seen an increase rather than the subsiding of febrile symptoms: moreover, these primary lesions occur in cases early fatal. Again, such lesion would probably have led to some local uneasiness in the region, at least, which was absent. The *post mortem* appearances, too, are those of a chronic difficulty confined to a small surface, and agree well with the previous history of the case. The primary causes of ulceration are more difficult of explanation. The healthy appearance of the greater portion of mucous membrane, the normal and pervious state of the ducts, as well as the entire absence of softening, thickening, hypertrophy, infiltration or suppuration, entirely preclude the idea of inflammation, propagated from the surface of the intestines. The absence of biliary calculi, of bony or earthy deposits and malignant disease, reduces us to the alternative of viewing it as one of those chronic ulcerations, similar to that met with in other hollow viscera, especially the stomach, and for which no primary cause can be given. Probably some abrasion existing at the time, continued fever supervened; the latter disease, with its well known character for altering the secretions, rendered the bile morbid and irritating, thus becoming a secondary cause of ulceration. Such morbid secretion brought in contact with the peritoneal coats of the gall-bladder, caused it to slough, and a similar passage of the fluid to the intestines may have induced the vascularity found in the duodenum. This chronic ulceration by contiguity of location, may have, as Mr. Twining of India first noticed, caused hypertrophy of the lymphatic gland, lying in the course of the cystic duct, and found in a high state of injection, thereby producing temporary occlusion of the passage, which increased, if it did not cause the constipation, and was relieved by the stimulating action of cathartics.

Whether this accident occur from wounds inflicted, external injury, or as the sequel of former disease, its prognosis is eminently unfavorable. The period of such termination is materially affected by the character and manner of the injury, and the state of the individual at the time of its reception. Dr. Hennen, in his military surgery, says, "I have never known a patient recover from a wound of the gall-bladder:" indeed it is stated on eminent authority, that the only case of recovery is recorded by Paroisse, in which many years after the reception of a gun-shot wound, the ball was found in the gall-bladder. Rupture of the cyst from external violence is far less common than that of the liver. Of the five cases reported by M. Leseure, four were immediately fatal, and the fifth survived four days. The case of Dr. Skeete (London) lived 37 days, and the whole peritoneal sac formed one immense abscess. That of M.Campagnac lasted 18 days after rupture of the hepatic duct. In all these cases no external wound existing, some were doubtless expedited by the violence of the nervous shock, and others prolonged by the effusion of bile taking place gradually. The same may be said of Watson's case, which survived a bayonet wound 36 hours; Dr. Stewart's case, fatal in 7 days after a sword wound; and that of Mr. Sabatier, which lived only 3 days. The severity of these accidents is strongly illustrated in the experiments on living animals recorded by Dr. Thompson of Edinburgh, from which he concludes that healthy bile introduced into the peritoneal cavity, though rapidly absorbed, gives rise to very violent symptoms of inflammation, generally terminating in death; and Dr. Budds declares that rupture of this organ is much more speedy in its fatality, than that of the stomach or intestines.

When perforation occurs in the course of disease, we should not expect an immediate termination. In the present case it took place within 36 hours, and the case before cited, in which this accident supervened upon malignant cholera, survived about the same time. Of the two cases reported by MM. Cruveilhier and Andral, the former lived 40 and the latter only 12 hours. In the cases of Mr. Bowman and Mr. Hodgson, at the Birmingham Hospital, the time in which effusion took place is not mentioned; both, however, the one supervening on typhoid fever, the other after injury proved fatal, in 7 days after admission. Very few instances are reported in American journals: of these Dr. Rogers' case (Western Journal) survived 60, and Professor Drake's 72 hours.

In view of the circumstances under which this form of the disease generally exists, it is almost utterly hopeless to expect recovery unless the site of perforation, the constitution and disease of the patient, are peculiarly favorable. When the local affection becomes acute in its character, and is complicated with fever, aside from its difficulty of detection and diagnosis, we can hardly expect to combat a difficulty in which the greatest danger is to be feared from an irritating secretion of bile. Again, in a depraved habit, or one debilitated by acute disease, as in the present case, we may be disappointed in a sufficiency of constitutional power, to first withstand the shock of the effusion, or insure adhesion to a neighboring organ previous to its occurrence. We remarked at the post mortem, that around the second point of ulceration near the junction of the gall-bladder and liver, an essay had been made to prevent effusion, and this spot bore marks of active inflammation; but at the perforated ulcer near the fundus its situation seemed unfavorable for this process; a considerable surface being in a state of sphacelation, the changes in the form of the gall-bladder, with the more frequent motions of the abdominal viscera, entirely precluded the possibility of union.

ART. IV.—*Indigenous Medical Botany, No.* 4. By STEPHEN W. WILLIAMS, M. D., late Professor of Materia Medica, &c. On the Medical Uses of several species of Violets.

THE genus Viola is very extensive. There are no less than fifty-seven species enumerated in the New Edinburgh Encyclopedia; nearly forty in all the States of America. At least twenty-four are found in the northern States; and ten or eleven species grow in this town. They are among the first plants which blossom in the spring. They beautify our meadows and woods with their elegant blue, white, and yellow petals. The properties of all of them are somewhat similar. The roots are esteemed to be mildly emetic and cathartic—the leaves are demulcent and laxative. The flowers and seeds are also laxative and pectoral. Rafinesque says that all the parts contain the violine, a particular kind of emetine.

But little, as yet, has been written or known in relation to their medical history and uses. It is for the purpose of redeeming them from their obscurity, and attracting the attention of medical practitioners to their uses, that I am induced to present the claims of a few of them to the public, through the medium of the New York Journal of Medicine and Surgery.

Something is said by the older writers upon Pharmacy and Materia Medica, of the virtues of the syrup of violets as a laxative for children, and as a test in chemical manipulations, which is prepared from the viola odorata, or sweet scented violet, and occasionally, I believe, from the viola tricolor. This syrup, from some cause, has, in a great measure, gone into disuse. To Salmon, Culpeper, Quincy, &c., we refer our readers to what was anciently written upon the subject of the violets, and confine our remarks to the history of some of the species of which I have forwarded you drawings.

The genus Viola is found in the fifth class, Pentandria, and first order, Monogynia, of the artificial arrangement of Linnæus, and of the natural order Violaceæ of Lindley.

Generic Description.—Sepals 5, unequal, prolonged into appendages at the base. Corolla unequal, two lipped, of 5 petals, the lower calcarate. Stamens 5, hypogenous, syngenesious, unequal, the two anterior having anthers that are often calcarate. Capsule bursting with elasticity, many seeded, three valved. Herbaceous plants (Lindley).

Fig. 1. *Viola Tricolor.*—Common English and vulgar name, pansies, heart's-ease, three faces under a hood, love in idleness, kiss at the garden gate, call me to you, herb trinity, merit neglected, garden violet, Johnny jump up, &c., &c.

Specific Description.—Stipulæ wing cleft, terminating at the end of the leaf-stalk; stem angular, branched; leaves egg-shaped, oblong, crenate deeply, calyx half the size of the blossom. Blossoms of a variety of colors, blue, white, purple, &c. The flowers in this specimen are blue and yellow, the most common. It blossoms in our gardens from April to the middle of September. Although cultivated in gardens, it is indigenous.

Medical Use.—This plant is said by Strack (Lond. Med. and Phys. Jour., vol. 2) to be highly efficacious in crusta lactea, and the scabby eruptions of children. He boils a drachm of the fresh, or half a drachm of the dried leaves in half a pint of milk, and gives the milk strained, night and morning, for several weeks. More recent authority confirms Strack's opinion. With this decoction crumb of bread is added, to form a poultice, to be applied to the part. The eruption increases under this treatment, the first eight days; but when the medicine succeeds, the urine has the odor of the cat, which smell, after a few days, passes off, the scabs fall off, and the skin is restored to its natural state. *Haase* used this violet in large doses in numerous chronic complaints; and Woodville thinks, from the numerous instances of success, it is well deserving of further trial. The ancients recommended it highly in epilepsy, asthma, ulcers, scabies, and cutaneous eruptions. They are still used in Italy in tinea capitis (Lindley). The leaves, when bruised, have the smell of peach kernels, and they are thought to contain prussic acid.

Fig. 2. *Viola Cucullata.*—Common blue violet, heart violet, meadow violet. *Specific Description.*—Glabrous. Leaves cordate, serrate, coiled (or rolled at the base), scapes of the length of the petioles; petals bent obliquely, lateral ones branded. Petals all whitish at the base. Perennial. Flowers blue—found in all places. Blossoms in May (Eaton). Here it blossoms somewhat earlier.

Medical Use.—This plant is very mucilaginous. A strong decoction of it is successfully used in cases of strangury, suppression and retention of urine, and all those affections of the urinary organs which require mucilaginous medicines—in all inflammations of viscera, diarrhœa, dysentery, &c. It is found in abundance in our fields, and families can easily supply themselves with this useful article.

Fig. 3. *Viola Pedata.*—Bird-foot violet, parsley violet, pedate violet. *Specific Description.*—Leaves many parted, pedate, divisions lance-linear, subcutive. Divisions of the calyx linear, acute. Perennial. Blossoms blue; flowers May (Eaton). Sandy grounds.

Medical Use.—This plant is used for the same purposes as the viola cucullata, and is considered to be more mucilaginous. An elaborate and well written article was published on the subject of this violet, in the *Boston Medical and Surgical Journal*, vol. 19, 1839, by my venerable friend, Dr. Oliver Partridge, of Stockbridge, Mass., then in the eighty-ninth year of his age. He is still living, in his ninety-sixth year, and even now writes for the medical journals. He says that it has been used in Western Massachusetts, for a long time, under the name of parsley violet, which name it received from an Indian in 1696. It would appear that the Indians kept the remedy secret; but some of the roots set out and cultivated in a garden, proved to be the parsley violet. His father, for many years, found great relief from it in nephritis, and it has since been used by Dr. Partridge as a shop medicine, for more than sixty years. He esteems a tea made of these violets as an excellent mucilaginous diuretic, so much so, that he has known it to affect the urinary vessels in such a manner as to promote the passage of calculi into the bladder, and to bring them off. He further says, that "it has also relieved a spasmodic dysuria, and is a valuable medicine in disorders of young children, and been often of use in complaints of child-bed women—making a palatable drink not improper in a fever, and a little sweetened, rarely refused even by timorous little ones. I doubt whether a substitute can be found to operate with so much ease, and so good effect, without any consequent debility of the vessels, which is probably owing to the peculiar mucilaginous quality of the herb. I think the article ought to be introduced into the Materia Medica, and also cultivated, lest the agriculturalists, in their zeal for improvement, should eradicate it, which I should consider to be a loss. They are to be found on the head lands of old plough fields—on the plains in the valley of the Connecticut river, in this State, which was formerly covered with yellow pines. The largest growth of the said violets I ever saw, was north of Westfield town, on the old road as I went to Northampton, some years ago, in May. Near the middle of said month they are in bloom, when they ought to be gathered, root and branch, dried well in the shade, inclosed then in paper bags (double) and secured from moisture. I have thought a tea from them to be best made with water not boiling, but simmering hot, and the second steeping as good, if not better than the first, if made seasonably. The main root, which is not larger than fine wire, ought ever to be bruised before steeping." The Doctor then gives three or four remarkable cases where the patients were greatly relieved, if not cured, by the use of this violet. He describes the case of an old gentleman, whom he overtook on a journey to Saratoga Springs, more than thirty years ago, who was greatly afflicted with nephritic complaints, and who was often obliged to resort to the use of the catheter. After riding a few miles his pain was so severe as to compel him to stop. He was very much disheartened, and thought he should be obliged to remain and die there. He had been taking what the Doctor supposed to be a saponaceous and anodyne medicine, with no relief. He persuaded him to lay aside this medicine, and use the violet tea. He retired into a warm bed at half past 5 P. M., and took two teaspoonsful of elixir asthmatic, and drank plentifully of the violet tea. At 11 o'clock he was so comfortable that the Doctor went to bed, directing the attendants not to omit the tea. He probably drank more than a quart. His water flowed with ease, and plentifully, during the night, and the next morning he was quite comfortable. He noticed at the bottom of one of the urinals five calculi, which he saved, two of the size of radish seeds, and three of cabbage seeds. The next day he rode eleven miles, and the third about thirty, to Saratoga. On the Sabbath, about two days after, he was out at meeting two miles. In the night the Doctor was called to him, and found him using his catheter. The violets were used again, and he was comfortable the next day. He resorted to the Congress Springs, which proved of lasting benefit to him. Dr. Partridge remarks: "The particular efficacy of these violets in disorders of little ones, who cannot tell their sufferings, is such, from their mucilaginous and diuretic qualities, that I cannot think of a substitute, especially when, from attentive observation, I find that something of the kind is needed; and for the benefit of these patients alone, I think these violets are worthy of notice." I would particularly recommend the attentive perusal of the above article in the *Boston Medical and Surgical Journal*, to my professional brethren, having given but a very short abstract of the most important parts of it.

Fig. 4. *Viola Ovata. Synonym. Viola primulifolia.* Rattlesnake violet. The principal part of the following observations upon this plant I published in the *American Medical Journal*, with a wood cut, in Feb., 1834; you may, therefore, give that journal credit for the article, although I have made many additions to it. It strikes me that its importance will justify its republication, inasmuch as it has been favorably noticed by other journals. I should be very unwilling to have it omitted in connection with my other remarks upon the subject of the violets generally.

Specific Description.—Nuttal thus describes it. Leaves ovate, subcordate, crenate, rather acute, often lacerately toothed at the base; equally, and for the most part conspicuously pubescent on either side; petiole marginated; scape shorter than the leaves; segments of the calyx subciliate, petals obovate, the two lateral ones branded. On dry land; flowers bright blue, flowers in April and May. (North Amer. Gen.) I have ventured to give it the English name of Rattlesnake violet, from the fact that it is generally known here by the name of the rattlesnake plantain, from its efficacy in curing the bite of that reptile.

Medical Use.—The fact which I shall relate with regard to its efficacy in arresting the direful effects of the deadly rattlesnake may be implicitly relied on. Dr. Wells, when living, was considered one of the most eminent, judicious and observing physicians which Massachusetts has ever claimed. His medical precepts and opinions are treasured up by many of his successors with religious veneration. [*See my Memoir of him in my American Medical Biography, page* 609.]

Let it not be objected to the *viola ovata*, that we are not acquainted with the active principle of the plant, except what is given under the general head of the genus Viola above, which thus rapidly arrests the progress of one of the most terrible accidents to which humanity is liable. The principal substance which can be extracted from it is mucilage, and this is best done by infusion in water. It yields a greater proportion of it than any of the violets, and nearly as much as the same quantity of slippery elm (*ulnus fulva*); hence it is much in use in dysentery, diarrhœa, strangury, and other affections of the urinary organs. This is the principal substance which has been detected. I cannot persuade myself that its specific qualities reside in the mucilage, for other substances yield mucilage in greater abundance, and they are not considered alexipharmic. We ought always to be governed by facts rather than theory. Who can explain the reason why variola vaccina protects the system against the ravages of the small-pox? And yet who can doubt the fact? If we can establish the prophylactic qualities of the rattlesnake violet upon as firm grounds, or if we can be instrumental in saving the life of a fellow being laboring under the effects of the bite of this venomous reptile, our object will be accomplished.

Many years ago, rattlesnakes abounded in the vicinity of this place; since the land is cleared they are rarely to be seen. Our old people wer in the habit of using this violet for their bites. They generally know the plant by the name I have designated. The venerable Henry Wells, M. D., late of Montague, Mass., successfully employed it in these cases. To his statement respecting it, I wish to draw the attention of physicians. He was called to a patient who was bitten by a rattlesnake, and who was laboring under all the symptoms of a diffusion of the venom. His body was enormously swollen, respiration laborious, and his skin livid. He immediately directed a strong infusion of the rattlesnake violet, and constantly bathed the wound and body with it. In a few hours the tumefaction subsided, the febrile symptoms abated, and the patient was considered out of danger. He retired to rest, and gave directions to the nurse to give the violet tea often during the night. The patient continued so much better that the nurse became negligent, and omitted the directions, and fell asleep. From this suspension of the remedy, the patient relapsed, the febrile symptoms returned, and the body was swollen like a puff ball. The doctor was called, and again directed the remedy as before mentioned; the symptoms yielded, and from a continuance of the remedy two or three days he completely recovered, without the use of any other means. Dr. Wells related the above fact to my father, who was formerly a physician in this town, and at the same time showed him the plant, which my father perfectly recollected when I collected it for preservation in my herbarium.

My grandfather, Dr. Thomas Williams, formerly of this town, was in the constant habit of using a plant for the bite of the rattlesnake, which he called the rattlesnake plantain, and he was uniformly successful in the use of it. His practice as a physician and surgeon was very extensive. I have no doubt it was the violet now under consideration. I have within a few days ceased visiting a little patient who says, that a short time before I was called to him, he was bitten by a small green snake upon the top of his foot. Not long afterwards he was attacked with pain in his leg, attended with considerable swelling and high fever. I did not see him until he had been laboring under these symptoms some time. When I first saw him I did not apprehend that the fever, tumefaction, &c., proceeded from the bite of the snake, for I was not aware that the bite was venomous. I put him upon the antiphlogistic plan of treatment, and applied the vegeto-mineral water to the inflamed leg. The next day I visited him, and found his symptoms aggravated, and the swelling increasing. I threw aside the mineral water and directed emollient fomentations with the rattlesnake violet, and a poultice made with bran strained into the liquor of the infused leaves. The next morning I was highly pleased with the success of the applications. The tumefaction had subsided, and the fever abated. I left him under a confident expectation that he would soon recover. In the course of the afternoon, however, an officious intermeddling old woman sent word to the parents of the patient that my applications were improper, and that nothing would cure him but a cold application of leaves of house-leek (sempervivum tectorum), which was accordingly applied. The consequence was an universal chill, succeeded by delirium, and intense burning fever, from which he was not relieved under several days. He was immediately attacked with pain and inflammation in the groin of the other leg, attended with a good deal of swelling. I was immediately sent for, but could not go till next morning. I directed the violet fomentations and poultices again. In about a fortnight suppuration occurred, and I let out about half a gill of pus from the tibia, about half way between the knee and instep. The other leg continued swollen three or four weeks longer, when, by the continued application of the violet poultice, it subsided. Caries of the bones of the bitten leg succeeded, large portions of which were taken away, both above and below the knee. Carious bones were discharged from fistulous ulcers for many years, and this leg is now (1846) shorter than the other.

I have since used the infusion of this violet, and a fomentation with the leaves of it, in an obstinate case of chronic inflammation of the eyes, which had resisted the long continued use of a great variety of remedies. The patient had used the slippery elm, and various other mucilaginous medicines, with no success; in fact, with rather an aggravation of the complaint. Within a fortnight from the time she commenced with the violet infusion, no traces of inflammation about the eyes remained; so it appears it must be some other quality in the violet than its mucilaginous property, which must have effected the change. I am now using it extensively in the phlegmasiæ, both acute and chronic.

Rafinesque speaks of the viola *canadensis* and *blanda*, whose roots are bitterish acid, tonic, in doses of ten grains, purgative 25 to 30, emetic 40 to 50; also used as depurative in diseases of the skin. He says, "We use chiefly viola *clandestina*, *rotundifolia*, *palmata*, *heterophylla*, sometimes called *heal-all.* Leaves emollient, suppurative, used for wounds and sores, bruised or in poultices. Elliot says the negroes eat the leaves of the two last in soups."

The violets which received such encomiums as the following from old Culpeper, nearly two hundred years ago, cannot be inert or useless:

"All the violets are cold and moist while they are fresh and green, and are used to cool any heat or distemperature of the body, either inwardly or outwardly, as inflammations in the eyes, in the matrix, or fundament, in imposthumes, also, and hot swellings, to drink the decoction of the leaves and flowers made with water in wine, or to apply them, poultice-wise, to the grieved places; it likewise cures pains in the head caused through want of sleep, or any other pains arising of heat, being applied in the same manner, or with the oil of roses. A drachm weight of the dried leaves or flowers of violets, but the leaves more strongly, doth purge the body of choleric humors, and assuages the heat, being taken in a draught of wine or any other drink; the powder of the purple leaves of the flowers only picked and dried and drank in water, is said to help the quinsey and the falling sickness in children, especially in the beginning of the disease. The flowers of the white violets ripen and dissolve swellings. The herb or flowers, while they are fresh, are effectual in the pleurisy and all diseases of the lungs, to lenify the sharpness of hot rheums and the hoarseness of the throat, the heat, also, and sharpness of reins, and all the pains of the back or reins and bladder. It is good also for the liver and the jaundice and all hot agues; but the syrup of violets is of most use and of better effect being taken in some convenient liquor, and if a little of the juice or syrup of lemons be added to it, it cools the heat and quenches the thirst, and gives the drink a claret wine color, and a tart relish, which is pleasing to the taste. Violets made up with honey, cleanse and cool with sugar contrarywise. The dried leaves are accounted among the cordial drinks, powders, &c. The green leaves are used with other herbs to make plasters and poultices to inflammations and swellings, and to ease all pains whatsoever, arising of heat, and for the piles also, being fried with yolks of eggs and applied thereto."

Deerfield, Mass., Aug. 27, 1846.

Art. V.—*The Ganglionic System of Nerves.* By Moses Gunn, M.D., of Ann Arbor, Michigan. (An Inaugural Thesis. Presented to the Faculty of Geneva College, for the Degree of M.D., Feb., 1846.)

To the practitioner of medicine who skilfully and successfully discharges the duty of his profession, a knowledge of no subject is of more importance than that of nervous relation; and to the eager inquiries after truth in the mysteries of nature, there is open no wider or more enticing field than that which is presented by that portion of the nervous system, which we propose briefly to consider.

Over the functions of the Ganglionic system of nerves, for ages, there hung a mysterious darkness which has only been dissipated by the accumulated and accumulating light of modern research.

Happy is it for us who are but just entering the paths of science, that there are suns in the firmament of our profession, whose rays have pierced that darkness, and thrown a welcome light around its mysteries.

Guided by that light, let us approach the subject proposed; and first, let us study the Anatomy of the Ganglionic nerves.

The term ganglion used in the earlier days of anatomy to denote a swelling in the theca of tendons, now admits of a wider application, and is used to designate an enlargement of a nerve, or an addition of nervous matter to a nerve, constituting a nervous centre.

Nervous ganglia admit of two general divisions. The ganglia situated on the posterior roots of the spinal nerves, and on the fifth, and par vagum and glosso-pharyngeal of the eighth, together with the otic, tenticular, spheno-palatine, naso-palatine, and sub-maxillary ganglia, constitute the first division.

The second embraces those of the great sympathetic or tri-splanchnic nerve.

The first general division consists of—

1. *The Spinal Ganglia.*

Along the whole length of the spinal axis situated on the posterior roots of its nerves, we find a series of tubercles; these are the ganglia of the spinal nerves. Of these we shall learn more when we examine the second general division.

2. *The Ganglion of the Fifth Nerve.*

The fifth nerve, immediately that it has passed over the internal point of the petrous portion of the temporal bone, forms upon itself the *Casserion* ganglion. This nerve resembles those of the spinal axis, in that it has its origin by two roots, the one being composed of motor, the other of sensitive filaments; the sensitive portion having upon it the ganglion. Nor does the similarity end here. In the spinal nerves, we see that their ganglia have no direct communication with the sympathetic, but only by branches from the nerves towards their distal extremity. So in the fifth, we see that the Casserian ganglion has no direct communication with that nerve, but like the spinal nerves, only by branches given off after the nerve has passed the ganglion. This nerve then may be ranked with the spinal nerves.

The Ganglion of the Par Vagum.

Immediately beneath the case of the skull, we discern upon the par vagum its ganglion. This ganglion gives off a small twig, which, entering a canal which opens into the jugular fossa, passes to the aqueduct of Fallopius, there to join the facial nerve. It communicates with the spinal accessory and glosso-pharyngeal, sending also filaments *directly* to the sympathetic.

4. *Ganglion of the Glosso-pharyngeal.*

The glosso-pharyngeal nerve, as it emerges from the cranium through the foramen lacerum, presents a ganglion named, from its situation, the *ganglion petrosum.* From the ganglion, we have given off the tympanine branch of the glosso-pharyngeal, or the nerve of Jacobson.

Emerging from the ganglion, this nerve enters a small canal, the orifice of which is seen in the jugular fossa. Through this canal, it passes to the tympanum, where it divides into three branches, one passing upwards through an osseous canal to join the vidian nerve, another upwards through a canal which terminates in a groove internal to the hiatus fallopii, passing which it bends downwards to join the otic ganglion, while the third passes down through a similar canal to join the carotid plexus. Here, then, we trace the connections of the ganglion of the glosso-pharyngeal with—

1. The vidian nerve, which is connected with the sympathetic, thus indirectly linking the ganglion with that nerve.

2. With the otic ganglion, which has also connections with the sympathetic, thus forming another indirect communication with that nerve, and—

3d. With the sympathetic *directly* by the branch to the carotid plexus.

5. *The Otic Ganglion.*

Beneath the inner edge of the posterior portion of the great ring of the sphenoid bone, we have the situation of the otic ganglion, supported externally by the third division of the fifth nerve. It is bounded internally by the cartilaginous portion of the eustachian tube and the origin of the tensor palati muscle. Passing up behind it, we have the middle meningeal artery, previous to its entering the foramen spinale. Isolated as this ganglion is from any other nervous trunk, it receives branches from three sources.

1. From the third division of the fifth pair, particularly its motor portion.

2. From the tympanine branch of the glosso-pharyngeal, by a twig which we have seen bending down from the groove internal to the hiatus fallopii.

3. Forming its *direct* communication with the sympathetic by filaments that it receives from the portion of that nerve which forms a plexus around the middle meningeal artery.

6. *The Senticular Ganglion.*

This ganglion is situated within the orbit between the optic nerve and external rectus muscle. Its branches are four.

1. It sends numerous filaments forward to the globe of the eye, which pierce the sclerotic, and pass forward between it and the choroid coat to ramify in the iris.

2. It receives a twig from the nasal branch of the ophthalmic division of the fifth.

3. A small filament from the inferior oblique branch of the motores oculorum.

4. Accompanying the nasal branch, it receives a filament from the carotid plexus which links it to the sympathetic.

7. *Spheno-palatine, or Meckel's Ganglion.*

Deep in the pterygo-maxillary fissure, just beneath the point where the superior maxillary nerve crosses the fissure to enter the infraorbital canal, we have the situation of this ganglion.

It has four sets of branches.

1. Superiorly it receives two small twigs from the superior maxillary nerve as it crosses the fissure.

2. It gives off anteriorly the spheno-palatine nerves, which, passing through the foramen of that name, enter the nares, ramify upon the spongy bones, and terminate in the naso-palatine ganglion.

3. Inferiorly it gives off two branches, one of which, passing through a small foramen in the palate bone, supplies the velum pendulum palati. Another and larger branch descends in the posterior palatine canal, and passing under the arch of the palate bone, supplies the gums with twigs, and terminates where we saw the termination of the spheno-palatine nerves, viz , in the naso-palatine ganglion.

4. Posteriorly this ganglion sends off a considerable branch, which enters and passes the pterygoid canal; here it divides into two branches, a superior and an inferior. This is the vidian nerve. Its inferior branch descends and enters the carotid canal to join the carotid plexus, thus directly connecting Meckel's ganglion with the sympathetic. Its superior branch follows closely the inner edge of the posterior portion of the great ring of the sphenoid bone, then mounting the petrous portion of the temporal bone, it passes beneath the dura mater and enters the hiatus Fallopii. Joining the portio dura in the aqueduct of Fallopius, it passes to within a few lines of the stylo-mastoid foramen; there leaving it, the vidian enters the tympanum by the apertura chordæ and takes the name of chorda tympani. Crossing the tympanum, this nerve passes out at the Glasserian fissure to join the gustatory, which it soon leaves, and terminates in the sub-maxillary ganglion.

8. *The Naso-Palatine Ganglion.*

Taking its name from its situation, we find this ganglion in the naso-palatine canal. It is an azygous ganglion, and receives the anterior and inferior branches of Meckel's ganglion, by which it is connected with the sympathetic.

9. *The Sub-Maxillary Ganglion.*

This ganglion is situated on the superior surface of the sub-maxillary gland, and receives the terminal extremity of the superior branch of the vidian, by which it is brought in connection with the sympathetic.

We have now described the first, and traced its extensive connections with the second general division of nervous ganglia, which we made to consist of the ganglia of the—

GREAT SYMPATHETIC NERVE.

This nerve consists of a chain of ganglia extending from the second cervical vertebra to the coccyx on either side of the vertebral column, and a series of ganglia and plexuses anterior to that column. The former may be termed the lateral, the latter the prævertebral portion of the sympathetic.

The lateral portion consists of twenty-four ganglia on either side, united below, as it were, by a single azygous ganglion. Three of the ganglia are situated in the neck, and are termed cervical ganglia, twelve in the thorax corresponding with the head of each rib, termed thoracic ganglia, four in the abdomen termed lumbar ganglia, and four in the pelvis called sacral ganglia.

Each of these ganglia receives a branch of communication from the spinal nerves, thus bringing in connection the ganglia of those nerves.

They also send cords to each other, thus forming a complete chain, and branches forward to communicate with the prævertebral ganglia, and assist in forming the prævertebral plexuses. These are connections common to the whole chain, but with the superior cervical ganglia we find more extensive communications. It is this ganglion which gives off branches to form the carotid plexus, through which we have the extensive connections already described when speaking of the ganglia of the fifth, par vagum and glosso-pharyngeal of the eighth, together with the otic, lenticular, spheno-palatine, naso-palatine, and sub-maxillary ganglia.

It also sends filaments to the sixth nerve; and a continuation of filaments from the carotid plexus along the anterior arteries of the cerebrum establishes a communication with a small ganglion (ganglion of Ribes) situated on the arteria communicans cerebri.

The prævertebral portion of this nerve is composed of the pulmonic plexus, the cardiac ganglion and plexus, in the thorax, and the semilunar ganglion and solar plexus in the abdomen.

1. *The Pulmonic Plexus.*

This plexus, composed as it is principally by filaments from the pneumogastric, perhaps should not be, and indeed, by anatomists is not, described as forming a portion of the sympathetic. But we shall thus describe it, and our motives for so doing will become obvious when we come to speak of its influence on the functions of respiration. As the pneumogastric enters the thorax, it sends off five or six small branches, which join some filaments from the recurrent branch to form the anterior pulmonic plexus. As the nerve passes down, it applies itself to the posterior surface of the bronchus, and enlarging, *assumes the pearly tint of the sympathetic.* Here it gives off branches, which, uniting with filaments from the three superior thoracic ganglia, form the posterior pulmonic plexus. Branches from this plexus ramify upon the bronchi through the lungs, extending quite to the air cells.

2. *The Cardiac Plexus and Ganglion.*

The anterior branches of the cervical ganglia, descending, enter the thorax and interlace with a few branches from the pneumogastric and its recurrent branches upon and behind the aorta, forming a plexus which supplies the heart with its nerves. The ganglion is formed just under the arch of the aorta, between its origin and the origin of the pulmonic artery, and to the right of the ductus arteriosus. It is of considerable size, being from half to three-fourths of an inch in length, and it receives the middle cardiac nerve, a branch from the middle cervical ganglion. This ganglion, we shall hereafter see, presides over the motions of the heart.

3. *The Semilunar Ganglion and Solar Plexus.*

Proceeding to the abdominal cavity, we find, just under the diaphragm, and situated upon its crura, on either side of the cœliac axis, the semilunar ganglia. These ganglia, as their name indicates, are of crescentic shape, and receive, each from its own side of the vertebral column, the great splanchnic nerve, which is formed by filaments from the sixth to the ninth or tenth thoracic ganglia inclusive.

Thus formed, this considerable nerve pierces the crura of the diaphragm to join the semilunar ganglia. These ganglia are connected with each other by a slip which passes under the cœliac axis, and from their anterior surface we find them connected by filaments with eight or ten small bodies of similar structure with themselves. These bodies are also connected with each other by filaments, and they with their connections constitute the *solar plexus* from which, as from a common centre, radiate nerves to form plexuses, named according to their destination.

Thus we have the coronary or stomachic plexus, the splenic plexus, the hepatic plexus, the renal plexus, the spermatic plexus, and the aortic plexus. This is readily understood when we consider the vascular anatomy of this region.

The arteries support and guide the nerves to their distribution, and both arteries and nerves receive their names from their destination.

We have now briefly described the anatomical relations of the ganglionic system of nerves. We have seen its relations to the cerebro-spinal system, and traced the connections of its ganglia with each other, and found that no ganglion is isolated from the rest, but that, commencing at any one ganglion, we can trace its connections to every other without travelling a line upon either brain or medulla spinalis. We have between the two systems the most intimate connections, but were the brain and spinal cord entirely removed, the ganglionic system would still remain intact. Anatomists formerly described the sympathetic as arising from the brain ; but from it to the brain, we cannot trace a single filament. We can and have traced its connections with the sixth and third nerves, and also with other cerebral nerves which have ganglia upon them ; but between the cerebro-spinal axis, and the substance of the sympathetic, we can find no direct continuation of nervous matter.

But admitting that it has an origin from the cerebro-spinal axis, by its communication with the sixth and the filaments it receives from the spinal nerves, we have an amount of nervous matter in the thoracic and abdominal cavities, together with the prolongations to every part of the system, which exceeds many times that of the admitted origin. Now what are we to infer from this increase of nervous matter ? Is it not this, viz., that the nerve has within itself the property of evolving its own substance, or plainly, that it has an independent existence ? If so, then why seek for an origin in the brain or spinal cord ? Certainly, if it has an independent existence, it needs no origin ; and as its anatomy leads us to this belief, so we find that its physiology confirms it. It is by such reasoning as this, that we are taught to believe that the ganglionic is an independent nervous system, and possesses properties differing materially from those of the cerebro-spinal system. Now in what does this difference consist ? Numerous experiments have answered this question, but let us reserve them for illustration.

In animals we have two kinds of life—the one vegetative or organic, the other is that which constitutes the animal—which make the animal differ from the vegetable, viz., animal life, or the life of relation. This life, in the simplest form, consists of a degree of *mind* or intelligence by which the animal *receives impressions*, and *acts* according to those impressions.

It is an appendage to the organic life, which makes that life subject to it, but is dependent on that life for its own existence. Organic life is under the control of animal life, but though the latter holds the reins of government, it exists only by the existence of the former. The governor lives only by the life of the governed.

As we ascend the scale of being, we find the animal life predominating and exerting a powerful influence over the organic life; yet still it lives only by the life of the organism, and as organic life declines, so declines the power of the animal. In man we have the perfection of both organic life and the life of relation; for as the latter mysteriously works, and by its workings guides and controls the former, so the former supports itself by a complicated process, the derangement of which may hurl the latter from the throne, causing the destruction of both.

Having now drawn the line between organic life and the life of relation, let us see which portion of the nervous system presides over each. There can be but little doubt that the cerebro-spinal system is the moving spring of animal life. Indeed, it admits of a direct proof;—if the brain suffers from disease, the mind suffers in proportion; if the spinal cord be compressed at any point, so as to interrupt nervous influence, the parts below that point become powerless and senseless. Disease and accidents afford daily proof of the functions of this system.

(To be continued.)

Art VI.—*A Case of extensive suppurative Hydatid Cyst of the Liver, treated successfully.* By Thomas Alexander, M. D., Surgeon in the British Army.

On the 6th July last, I was called to visit professionally, Miss P., a young lady, aged 20, who had in the preceding March arrived in this country from the West Indies, where, on inquiry, I found she had resided about twelve months; and, during that period, had experienced a severe attack of fever. I also learned, that since her arrival here, she had not enjoyed good health; having frequently suffered from uneasiness, and a sense of fulness in the epigastrium; and about the middle of June, a distinct swelling presented itself in the epigastric region.

This gradually increasing, and becoming painful on pressure, she was cupped, leeched, and blistered, by the advice of her medical attendant, on the 28th June; she had also taken mercury in sufficient quantity to produce by this time, gentle ptyalism. It did not appear, while in the West Indies, that she suffered from any other serious attack of disease than the fever alluded to, which probably was of the bilious remittent character.

The following were the symptoms which presented themselves when the case came under my care, viz.: considerable emaciation; pallor of the face and lips; a clean, smooth tongue, yet urgent thirst; a rather favorable expression of eye; occasional rigors, with copious nocturnal perspirations, and at times looseness of the bowels; the pulse 140, small, and sometimes counted with difficulty; anxiety, with great and increasing debility, loss of appetite, and nausea, with pain when any considerable pressure was made over the epigastrium: here, as well as in the right hypochondrium, a large, bulging, yet diffused tumor presented itself; most prominent towards the centre, yet not acuminated, or pointing, nor were the integuments in any degree inflamed, although considerably on the stretch.

At the most prominent part of the swelling, however, on careful examination, obscure fluctuation was perceptible; and as the skin upon the trunk was in a jaundiced state, the conclusion that an extensive abscess existed in the liver appeared to me almost certain; the more especially, as the lower margin of this organ, apparently enlarged, could be distinctly traced by the fingers, extending beyond the false ribs, and downwards into the right lumbar region. Under this impression, I ordered cataplasms to be applied to the epigastrium; diffusible stimuli (wine) to be given freely, together with light, nourishing diet, and small doses of quinine, to support strength; also an anodyne at bedtime. After a few days the fluctuation having become somewhat more distinct, and as the symptoms generally were hourly becoming more urgent, without any apparent probability of the matter ever reaching the surface, I determined upon giving vent to it, as offering the best, indeed, in my mind, the only chance of recovery; and was glad, in consultation, to find my opinion supported by Mr. Henry, the principal medical officer in this command, and Dr. White, Surgeon of the Rifle Brigade.

Accordingly, on the 14th of July, the operation was performed (in their presence), by pushing a large sized trochar into the most prominent part of the tumor, a little to the right of the linea alba, and about four inches above the umbilicus. Previous to reaching the cyst or abscess, the instrument appeared to pass through a firm texture, of about an inch and a half in depth. On withdrawing the stilet, several ounces of a whey-like fluid first rushed through the canula; then a highly offensive, purulent matter, in considerable quantity. The discharge having ceased, notwithstanding firm pressure maintained by means of a broad, flannel roller, which had been pressed round the body, a probe was introduced through the canula, and moved about freely, upon withdrawing which, several hydatids, of various sizes, made their escape; some entire, others had burst, and were pulled out in the form of membranous shreds.

As the patient was now greatly exhausted, it was thought prudent to desist from any further attempts to empty the abscess. The canula was therefore withdrawn, and a portion of lint introduced to keep the wound open.

During the several succeeding days, from four to six ounces of offensive matter, mixed with hydatids, were twice daily pressed out at the wound. This was generally accomplished with more or less difficulty, on account of the hydatids, or their broken membranes, obstructing its internal opening. Generally when a large hydatid was extracted by pressure on the forceps, a gush of purulent matter suddenly followed.

This, however, was often as suddenly stopped by fresh hydatids getting into the opening, and these could not at all times be removed by the introduction of a probe, or gum elastic catheter. On the evening of the 21st, I succeeded in extracting a very large, empty hydatid sac, which was immediately followed by a discharge of healthy pus, amounting to nearly two quarts. This afforded the greatest relief, and from this time a remarkable improvement took place in the patient's general health. On the morning of the 22d, healthy colored bile was observed to ooze from the wound in considerable quantity, both by Dr. White and myself. On the 25th the bowels were reported regular; the evacuations natural; the appetite good; the perspirations to have ceased; and the two preceding nights to have been passed without the assistance of an opiate. The pulse, however, was still rapid. On the 26th and 27th, bile continued at times to be discharged, and a watery fluid to ooze out in such quantity as to saturate the bandages, and even the bed-linen. On the 28th, after the introduction of an elastic gum catheter, about ten ounces of matter escaped. On the 29th there was increased tumefaction of the epigastrium; and fluctuation, with some discoloration of the integument, perceptible about three inches below the wound. Here, an opening was made by means of a lancet, and vent given to a considerable quantity of matter, as well as hydatids. By the 2d of August the upper wound had closed, but from the lower, several ounces of offensive matter, together with hydatids, were daily discharged, and the patient complained much of the matter irritating the surrounding skin.

The general health, however, continued slowly to improve, and by the 27th she was able to leave her bed, and remain up for an hour. From this period until the 14th she got up daily, and seemed to be going on remarkably well, but on this day the epigastrium was observed to have again become tumid; and on the ensuing night she was seized with rigors. On removing the dressings in the morning, a portion of broken hydatid was observed by the nurse projecting from the wound. This being removed, and proving of extraordinary size, was followed by a discharge of pus mixed with broken hydatids, amounting to a quart. She still, however, continued to gain ground, until the evening of the 17th, when she was seized with vomiting and griping, with purging of the bowels. This attack, (probably produced by some indiscretion on the part of the patient) was of short duration, but productive of much temporary exhaustion. By the 19th, notwithstanding, she had so far rallied as to be again able to get out of bed; and by the 25th had improved so much, as to be moved without any risk, or inconvenience, in a carriage to another lodging, at a considerable distance. From this period, she made rapid progress, and by the 1st of September was able to embark on board the steam packet, for Boston, on her way to join her friends in Canada.

After removal to her new lodgings, she passed the greater part of the day either seated or reclining on a sofa; she eat well and slept soundly, and the bowels were easily regulated. The epigastric region had assumed a perfectly natural appearance, and the discharge (healthy) from the wound, still kept open by means of a small tent, varied from a few drops to about half an ounce daily.

REMARKS.

This appears pretty clearly to have been an instance of a Hydatid Cyst in, or attached to, the liver, converted into an abscess, by its inner coat taking on, from some exciting cause, suppurative inflammation. Whether one or two cysts originally existed, was not clearly ascertained; but the latter appears to be the most probable conclusion, for bile escaped from the upper wound only. The fact of healthy bile having been discharged for several successive days, and in very considerable quantity, appears a remarkable feature in the case, and seems to denote that the abscess either extended into the substance of the liver, or that, a large biliary duct opened into the cyst; a circumstance not very explicable, although in the dissection report of the case of hydatid abscess that occurred to Valsalva, it is stated, "that the biliary duct communicated with the abscess by a large orifice, and was dilated throughout the whole of its extent." I am not, however, aware that any authenticated case is on record, in which it appears that bile escaped from an artificial opening made to give exit to matter or other fluid from a hydatid cyst.

At the period when it became a question of great importance whether vent should be given by an operation to the matter; it was altogether uncertain whether adhesion had taken place between the cyst and the parietes of the abdomen (although fully aware of the difference of opinion among the profession regarding this point), yet the debility of the patient, the great disturbance of the system, and the unchanged state of the superimposed integument rendered it extremely probable, that without the adoption of this measure the patient must either have sunk before the matter had reached the surface; or it must have burst into the cavity of the peritoneum, or at least into some one of the neighboring viscera. It was clearly then, as the event shows, giving the patient the only, or at least the best chance of recovery.

The early treatment, while the pulse ranged about 140, may appear somewhat singular; for during seven or eight days in succession from the time I first saw the case, upwards of a bottle of wine, together with several small glasses of ale or porter, were daily administered, and to the no small surprise of the attendants, without producing any intoxicating effects. The stomach fortunately remained retentive, and the patient even in some measure relished the treatment, a circumstance which encouraged me to persevere.

After the time specified, however, its good effects became doubtful; it was therefore gradually diminished, more particularly as the symptoms were now less urgent, and the patient herself had become adverse to stimuli of every description. Quinine in solution was regularly continued throughout, and strict attention was paid to diet; nourishing food, in the smallest possible compass, being preferred. The bowels were chiefly regulated by small doses of castor oil disguised in milk and sugar. The interesting nature of the case has induced me to be thus minute.

If I am permitted to draw a practical conclusion from a single case, it would be that diffusible stimuli ought to be administered in larger quantity than is usually recommended by the profession, in many of those cases in which large abscesses have formed, and are about to be opened, as the best means of preventing those fatal derangements of the general system, which, under such circumstances, but too frequently result.

Art. VII.—*Typhoid Termination of Acute Inflammation.* By G. C. Monell, M. D. of Newburgh, Orange Co., New York.

(Concluded from our last number, p. 216.)

In considering the treatment proper for the early stage of acute inflammation, it will not be necessary to mention all the remedies of acknowledged efficacy in common use. I shall consider mainly the use of bloodletting as being the most intimately connected with the question of debility, and because I believe this to be the remedy commonly misapplied. It would be desirable to discuss this part of the question on the broadest ground; it would be desirable to examine the treatment of every condition that may degenerate into the secondary typhoid, and especially those sudden invasions termed "venous congestions." The latter is indeed so intimately allied to the present subject that it seems almost necessarily involved. This discussion, from its importance, would necessarily occupy too much time at present, and we shall therefore continue to confine our remarks to simple, inflammation occurring in the ordinary manner, and openly developed. As already remarked, we shall say but little of any other remedy than bloodletting, because the misapplication of this is the main cause of the secondary aggravation of the disease. We have sufficient experience to speak confidently of this, for once we procrastinated bleeding, and then bled timidly, from fear of dreaded debility, as many still do; and however humbling the confession, truth compels the admission that we also occasionally lost patients from supposed debility, we cannot enforce this better, or illustrate the proper application of the remedy more satisfactorily, than by quoting from Cleghorn. Speaking of local inflammation associated with constitutional fever, he says, "he attempted to cure the patients by bleeding once or twice a day, except during the insidious remissions; but they generally terminated fatally." This led him to review the whole progress of the disease, when he determined "to use the lancet with more caution." The disease was still more fatal. He then became "convinced, that, instead of too much, too little blood had been taken away, in the beginning, and that he had been misled by the insidious intervals." He then began to bleed more plentifully, and his success was greater. He still felt that disease did not yield as it should do, and he then bled his patients in the horizontal posture "till the pains abated, or the patient began to faint." "If the symptoms continued a few hours afterwards, the same quantity was again taken away, without regarding the state of the blood, &c." He further adds, "it was remarkable how rapidly the sick recovered their usual health and strength, notwithstanding the great loss of blood they had sustained; while many who had been bled more sparingly, continued in a languid, infirm state for some months"* (*Cleghorn on the Epidemical Diseases of Minorca*, p. 164, 168). It also illustrates the truth of the remark hereafter quoted from Beddoes, that a patient will recover quicker from bleeding than disease. It also illustrates the principle of bleeding. It must be carried to relief, or syncope, and if the symptoms return, we are to repeat the remedy in the same way. If depletion is clearly required, it is required to produce a certain effect, and to stop short of that effect is to be influenced by most contracted notions, or a most unwarrantable timidity. Indeed we cannot too often enjoin that blood is drawn to arrest inflammation, and we are not to be governed by quantity or quality. Quality may be a modifying circumstance in some cases, but it can never fix the limit of quantity. The pulse is often an invariable criterion, and it is equally often a delusive guide, that is, if taken by itself.† Syncope is said by some to be the limit of bleeding, but syncope *may* even occur before the inflammation is arrested; then the evidence of that inflammation again becomes manifest, as the system rallies; then, too, the remedy must be repeated as before; and I need scarcely refer, in defence of this, to the well established fact, that the employment of blood-letting is often the very means which enables the system to bear its further application; a fact that applies to every period of inflammation.

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* This also agrees with our own observation, for we daily see patients recover, with astonishing rapidity after the most extensive sanguineous evacuations.

† This is fully supported by the most experienced practitioners. We know, indeed, that the pulse may be weak, from oppression as well as debility, and that in this state it will rise in fulness and strength as the loss of blood removes the load.

The *symptoms*, and not the period of the disease, must be our guide; indeed, as has been justly remarked: "The greater the disorganization, the greater our duty to give the sufferer his only remaining chance." Syncope, whether occurring after a small or large loss of blood, is not to prevent a repetition of the bleeding *as soon as the inflammatory symptoms return*, even if immediately. We cannot, therefore, agree with those who would make syncope the limit of sanguineous depletion. Neither can we agree with the directions of Hall, to place the patient in the erect position; because, if this is pursued, we frequently find that the patient will faint before the inflammation is subdued. There can be no doubt but that in many cases, the erect position is best, and the mere production of syncope will restore the equilibrium of the circulation, and relieve the vital or local oppression without losing much blood. But it is equally certain that, in other instances, the production of syncope is not sufficient, and we should rather guard against, than encourage this result. I would, therefore, determine the position according to circumstances, but if the local inflammation is severe, the result would probably be more favorable if we bleed in the supine position, guided by the symptoms, than if we bleed in the erect, guided by syncope. If a patient fainted during the first bleeding, while in the erect position, before the inflammation yielded, I should most certainly lay him down at the next bleeding. If we are guided by the effect of our remedy in *removing the disease*, we can scarely bleed too much in any position. And the physician, in this country at least, who follows implicitly the directions of Hall on this head, and is guided by the effects of his remedy on the system, will see Hall's state of "re-action" generated much oftener than if he is guided by the effects of his remedy on the *disease*.

The pernicious effect of blood-letting in severe visceral inflammations, when inadequately performed, is thus forcibly explained by Prof. Paine. The quotation is rather lengthy, but it is too graphic to omit. He says: "The vital forces are roused into greater energy, the whole circulation is released from its embarrassment in the capillary system; and the heart, being thus, and in other ways, set at liberty and invigorated in force, propels the blood with increasing violence. This mechanical impulse, in itself, lights up the flame of disease, and kindles it in other parts already disposed to join in the work of havoc. But much is also due to an augmented irritability of the instruments of action. The partial impression upon their vital forces takes off the depression from such as were not immediately concerned in the morbid process, and an exciting influence is reflected upon the immediate agents of disease, which, in their turn, had equally sustained, in a more direct manner, an exalted state of action. The remedy, therefore, in all grave visceral inflammations should be carried to the point of absolute depression. The forces of life are not only subdued in energy, but the strength of the impression alters the modified condition of such as carry on the disordered actions, and which constitutes the essential pathology of the disease." (*Med. and Phys. Comm.*, vol. ii., p. 313.) It can be scarcely necessary to pursue this part of the treatment at greater length; it is a point that should be decided by facts, well authenticated, and not by the dreamy imaginings, or the bold conclusions of a speculative philosophy; and if the record of experience is to be our guide, enough has been recorded to convince the honest inquirer, that there are reasonable objections to the prevalent fear of producing debility; and this should at least, if still unconvinced, induce him to investigate the subject anew, with diligence and candor. Any one who will do this, can hardly fail to be convinced that the most successful practitioners in inflammatory diseases are those who treat them most promptly and vigorously; while such as Louis, and many of similar moderate views, judging even by their own numerical tables, are far less successful.

I may perhaps add, although it seems unnecessary to repeat the general principles so constantly inculcated in modern books, that other remedies than bleeding may be required. If the stomach is filled with indigestible food, an emetic will, of course, be required to remove it. The bowels should be moved early and thoroughly; and, if we use 15 or 20 grs. of calomel for this purpose, we will find it a valuable auxiliary to the bleeding. Oil may be required subsequently, or it may not. If, on the other hand, the stomach and bowels are in a healthy condition, a full dose of opium will, after *sufficient* depletion, exert the happiest effects. If the inflammation has progressed for several days without treatment, or with bad treatment, I would practise the same principle. Bleed until a decided impression was made on the *disease*, or syncope was induced—if fainting took place before the disease yielded, repeat the remedy. I would also repeat the calomel every four or six hours, until the disease gave way, or there was evidence that the inflamed parts were too seriously implicated to be immediately restored; if this was manifest, I would give the calomel in smaller doses, as a depurative and alterative remedy, without expecting immediate results, as in the first stage. Here, too, would be needed blisters and other acknowledged agencies, applied, of course, with a clear understanding of the influence intended to be exerted by their use, and under the well-known restrictions. The organ, or tissue inflamed, will, of course, modify the treatment and determine the drug to be selected. I pass, for a moment, to a few brief remarks on the use of antimony as an antiphlogistic.

In regard to the tartar emetic treatment of Rasori and his followers, we have no hesitation in adding our testimony of its frequent utility; yet it is the modification of this treatment, as followed more particularly by the English, which recommends itself to our attention, viz., bleeding as the main remedy, and tartar emetic as an adjuvant. But if we substitute antimony for bleeding, I believe we will fail much oftener than if we trust to bleeding alone, without the antimony. I come to this conclusion from a careful comparison of the mortality of this disease, as stated by the advocates of antimony, with my own experience and the experience of others, who rely mainly upon bleeding. And I believe most persons, who will examine this point with care, will find the advocates of thorough bleeding give a much lower bill of mortality than those who trust less to bleeding and more to other agencies. The authorities in favor of antimony are numerous and respectable, but authorities equally respectable and numerous, while admitting its sedative power, make many very proper exceptions to its use, and especially against relying upon it as the *curative* remedy. Dr. Osborne remarks that

" since what has been termed the tartar-emetic treatment has been introduced, and the practice of bleeding has consequently been to some degree discouraged, it appears to me that the advanced stages and fatal terminations of pneumonia have been frequent." (Dropsical Disease, p. 78.) Hourman and Dechambre have investigated with apparent care the relative effects of bleeding and tartar emetic in pneumonia, especially in the older patients at Salpétrière, and they speak strongly in favor of the former. (Archives Gén. de Med., 1837.) Armstrong, speaking of the antimonial treatment in the same disease, says, " the testimony is so complicated, that I can derive but little information from it; but upon the whole, the practice seems to have been unsuccessful." (Lectures on Acute and Chronic Diseases, Vol. I., p. 406.) It is very certain, to my mind, that bloodletting, if necessary in the progress of an inflammatory disease, will not be as well borne, neither will it produce as happy results, if tartar emetic has been previously administered to the extent recommended by Louis and others of the same school. We should also bear in mind that tartar emetic has other effects than as a mere anti-inflammatory; it has, aside from this, a local influence upon the stomach and bowels, and a peculiar influence upon the general system. Neither does the irritability of the stomach always yield, in this country, to the influence of increased doses, to that extent which has been observed by the more strenuous advocates of this practice in Europe. It is not to be inferred, however, from this, that we would insinuate a charge of incorrectness in the reported success of even the most successful. The difference may be explained by the supposition that dyspepsia—irritability of the stomach—a condition contra-indicating the use of antimony, is more prevalent here than elsewhere. It is certain that gastritis frequently springs up when tartar emetic is administered, as a primary curative remedy. Indeed, if we judge by the numerical tables of the most successful in the use of this article, we will be unable to discover any superiority over bleeding as used by others, or that acute inflammation has in their hands been rendered less fatal. If this be true, it is a false philosophy to abandon, or even to render of minor importance, a remedy so immediate in its application and so prompt in its operation as bleeding, for the slower and oftentimes inexpedient drug, which must of necessity very frequently exert a troublesome influence on the stomach and bowels. I would not condemn the proper use of tartar-emetic in acute inflammation, but I would most strenuously oppose substituting it for bloodletting; and I fully believe, if the lancet is used vigorously and to the proper extent, that antimony will rarely be needed. When the symptoms, we have mentioned as indicating this stage of the disease, are once developed, the objections which might be urged against making tartar-emetic the sheet-anchor early in the attack, now apply with increased force, and it is even doubtful whether the remedy can, in this state of things, be used to any considerable extent, even as an auxiliary. Its depressing influences may be exerted upon the vital powers to a much greater extent than its sedative effects on the local inflammation. The stomach and bowels will be exceedingly liable to become excited to an improper, and perhaps fatal degree. With this hasty notice of the remedy, which, from its extensive use, perhaps deserves more extended examination, we pass to the treatment we consider proper for the dreaded condition, debility.

It may seem to many like waste of time to argue the necessity of an antiphlogistic principle of treatment in this stage of disease; but it is a well established fact, that many consider these symptoms as indicating a debility of the system, or perhaps a putrescent tendency, which is only to be removed by tonics and stimulants. This old, and as might be supposed, exploded idea, is encouraged by the influence of those who, while advocating a free use of the lancet, caution against carrying the remedy to excess (Hall), and urge economy in draining the vital fluid. (Wardrop, &c., Prac. Surg., p. 156.) This bugbear, debility, is still further magnified by the little reliance that many prominent writers place upon depletion even in the earlier stages of the most severe inflammations. We see that Louis has little or no confidence in the curative effects of bloodletting in Pneumonia, and many of his followers are equally lukewarm; Laennec, recommending the antimonial practice of Rasori, tells us, "he has sometimes effected very rapid cures of intense peripneumonies, without bleeding at all." (Diseases of the Chest, p. 255.) Now American practitioners, while they justly place the fullest confidence in the pathological researches of the French schools, profess to be guided more by their own observation than the theoretical deductions of men whose actual experience in treating disease is less valuable (in this country at least) than their own. Yet notwithstanding this, we are still influenced, and too often to a fatal extent, by their numerical fallacies. This extreme fear of weakening the strength and draining the vital fluid, also appears in the writings of some of the best British authorities. Dr. Graves says, "we can cure a pneumonic attack by moderate bleeding, and without injuriously weakening the strength of the patient. (London Med. & Surg. Jour., Vol. III., p. 103.) Dr. Stokes says, general bloodletting is not to be considered the chief means of removing the disease, and speaking of the typhoid form, he adds, "general bloodletting is to be used with extreme caution, and the vital forces are to be carefully supported." (Diseases of the Chest, p. 226, 31.)

Now, while I would strictly enjoin the most scrupulous husbandry of the vital forces, I would say, not that bloodletting should be used with extreme caution, but that it should be pushed to the farthest point compatible with the safety of the vital forces, *until the inflammation is subdued.* And this, after all, would be but a mere alteration of words, for I have no doubt that the *practice*, both of Dr. Graves and Stokes, and many others advising caution in bleeding, is as thorough as we could wish; but this idea of debility and the fear of losing the life's blood is so predominant that it really seems to modify the *written* practice, at least of some of the most energetic physicians, who thus unwittingly inspire their disciples with a fear of the very remedy they intend to urge by the strongest considerations. There are few writers who are not more or less open to censure on this point; for although their cautions in regard to extreme and unnecessary bleeding are not to be disregarded, yet, unless we use great care, they will be much more likely to weaken our judgment by exciting our *fears*, than to strengthen our decision by awakening a proper discrimination. We are told by one of the most distinguished writers of the present day (*Liston's Practical Surgery*, p. 156), that "every practitioner should think twice of the probable and possible effects, in every case of disease or injury, before he determines upon and proceeds to open a vein for the purpose of draining off the vital fluid." Now with all respect to the eminent surgeon quoted, I would urge a very different rule, viz.: that in every case of disease, and especially where inflammation is suspected, the practitioner should think twice before he *refrains* from the use of the lancet. I fully believe the intentions of the authors quoted, and others who might be named, to be correct, but the fear of debility evidently operates, unconsciously to themselves perhaps, to such an extent as to induce them to urge a caution when they only wish to recommend the same care and discrimination that should be used in the application of every remedy. A moment's reflection will convince any one familiar with medical literature of the present day, that these remarks are merited; that, many prominent scientific writers very frequently express themselves in doubtful terms in regard to bloodletting, or urge cautions which have an undue interpretation, merely because the same cautions are not applied by the same authority, when speaking of other remedies, such as emetics, cathartics, &c., which, under similar circumstances, would, if improperly used, be productive of equal injury. Indeed, I believe these remedies (emetics and cathartics especially) will, as a general rule, produce more mischief, if misapplied, than bloodletting; and yet, we every day know of practitioners pouring down these drugs without mercy when there is evident though mild inflammation; and yet these same practitioners, while depleting the system by serous evacuations and irritating the stomach and bowels by violent remedies, would shrink from a moderate bleeding, as if the ghost of typhus stood before them and forbade its use. And here let us stop for a moment to inquire what class of physicians have most of this disease. It is precisely those who have most dread of it, and who constantly moderate their remedies from a false fear of inducing debility, whereas the physician who regards the disease, and not the remedy, as the cause of debility, rarely, if ever, meets with this termination.* There is another consideration which should induce the careful physician to hesitate about *abstaining* from bloodletting rather than to hesitate about *applying* it, and that is this: if it is not applicable he can judge of its effects before sufficient is lost to produce serious injury, he can proceed in the use of this precisely as he would in the use of stimulants; if it produces the desired effect, let it flow; if it produces the contrary effect, stop it. Let me not be understood as employing the effects of remedies as a means of diagnosis, but I do contend that if we would divest ourselves of that incubus, debility, and apply with rigor the same principles of practice to secondary typhoid that we do to other stages and conditions of disease, we will run but a small risk in using this test, in a case really admitting of doubt, compared with the risk incurred by omitting it.

We should not forget that it is the disease which induces debility; and the surest way to prevent the dreaded waste of vital power, is to remove the operating causes. The advice of Dr. Gallup, a man of large experience in this disease, as following continued fever, is most judicious. He says (*Institutes of Med.*, vol. ii., p. 182), "When the question is rather doubtful in relation to copious bleeding, it should still be practised, but in a reserved manner;" and by this he does not mean a timid and feeble manner, for he is now speaking of *copious* bleeding and of the more advanced stages of the disease; and he further adds, that if it is well borne, it may be repeated, and probably to the point of relief and safety. This is advice founded on experience, and however much we may question Dr. Gallup's physiological views, no one will doubt his medical skill. It is mere child's play to direct our remedies to the future support of the system, under an attack of typhoid fever, when a judicious and vigorous treatment will prevent it. And it is equally childish, after the disease is developed, to devote our whole attention to support the system, and utterly neglect to subdue the disease which is now raging with increased virulence. And yet this is too common a practice in the profession. I would again remark, that cases may occur, in which general stimulants will be proper and necessary; but I would urge, in addition, that these very cases demand increased assiduity on the part of the physician, and unremitting and uncompromising efforts to subdue the local inflammation. This inflammation may be obscured—concealed as it were, by the severity of the general typhoid symptoms; it nevertheless exists, and continues its ravages as certainly and rapidly as if more openly developed. Indeed, it seems almost incredible how any one can be brought to forget so suddenly, the existence of an inflammation which has gone on unchecked for days, and must necessarily have produced more than transient effects on the organ or tissue inflamed; yet we constantly see disease treated for days, perhaps weeks, as an acute inflammation, and suddenly, within a few hours, perhaps, the whole treatment changed from an antiphlogistic to a stimulant course. The inflammation is forgotten, and debility has suddenly assumed a prominent position. The remarks of Southwood Smith, though applied to the intense forms of congestive fever, are applicable to the present point. He says (*Treatise on Fever*, p. 97), "I look upon the notion of debility to be an error not less palpable in its nature, than destructive in its consequences; and, if the havoc it produces does not confer upon it a preeminence as bad as that of the very disease of which it is supposed to constitute the essence, it at least entitles it, in comparison with every other error in medicine, to the distinction recognized in society between the hero and murderer. The one destroys a human being now and then; but the other numbers its victims by thousands." These remarks, though not strictly applicable as to the number of victims, are strictly true in spirit. And if the debility was really present—if the vital powers were either primarily or secondarily feeble, so feeble as to excite just fears of the result, even then there is not the shadow of a reason to neglect the local disease. It may be necessary to support the system at large, but it is imperatively necessary to subdue the inflammation, which will necessarily produce its effects with equal certainty in the feeble invalid as in the plethoric laborer. The extent of the remedy will of course vary, but the principle of its application will be precisely the same; for, an ounce or two taken by leeches from the former, will produce as potent effects, and be as true to the principle, as pounds taken from the arm of the latter. The advice of Dr. Elliotson is certainly authority of the highest order; and he tells us (*Principles and Practice of Medicine*, p. 130), that "when there is violent inflammation in a part, and little power in the system at large, it is not at all inconsistent to lessen the inflammation of the part by local evacuants and by cold; and yet to support the whole powers of the system by beef-tea, milk, and other nourishing articles of diet. The latter, *but not stimulants*, are admissible." Dr. Elliotson is now speaking of a well marked atonic inflammation, and if his remarks are true of a naturally enfeebled condition, how much more will his directions for local depletions apply, when the system is weakened, not by general agencies, but by the disease! It will not be denied but that a state of debility, or rather irritability, resembling to a certain extent the condition we are now considering, is often developed during the progress of an inflammatory disease, but it is most confidently affirmed, that the careful practitioner will find no difficulty in distinguishing the one from the other. The history of the case, the progress of the disease, the pulse, and especially the local symptoms, furnish sufficient data to remove doubt. I fully believe, with all respect for the distinguished abilities and eminent talent of Dr. Hall, that his views of "irritation" and "excessive reaction," are exerting upon the reading physician, an influence the author never anticipated. "Excessive reaction from loss of blood," is, I fear, getting to be as serious a bugbear with many well educated physicians, as the monster debility is with the less informed.

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* We may also urge, in this connection, that it is not the really feeble and debilitated who are most subject to the artificial typhoid,—it is the robust and vigorous; and moreover, when the victim of a true debility passes all its grades to a fatal result, do they exhibit the sordes-covered teeth, the dry brown tongue, and great muscular weakness, unaccompanied by a corresponding muscular emaciation?

I venerate the genius of Dr. Hall, and would pay the full tribute of praise to many of his writings, but I feel fully justified in directing especial care and caution in following too implicitly many of his deductions in regard to "excessive reaction," especially as conveyed in his "Researches on the Loss of Blood." There is no doubt, as before remarked, that such a condition does exist, and though much credit is due to Dr. Hall for explaining and promulgating this fact, yet if we examine carefully Mr. Hunter's work "On the Blood," we will see that all the same principles are there lucidly, and, as we think, more logically and usefully circulated. And yet Dr. Hall is an ardent advocate of bleeding. The state of affairs described so minutely by Dr. Hall, it is true, is so different from the secondary typhoid, that there is no danger of mistake in this respect, but the fear of producing this "excessive reaction" may deter from a proper use of the necessary remedy. If the physician has constantly the fear of Hall's irritability before his eyes, it will be but the ghost of Brown in a more specious garb, and exercise the same unhappy tendency. There must be no fear of irritability or debility, operating to modify the application of a *curative* remedy. There must, in fact, be no fear in the matter—the remedies are applied in a scientific manner to obtain a specific result, and this result must be obtained. But if there be any fear justifiable, it is a fear lest we stop short of cure. I can scarcely imagine the case of a prudent physician carrying his remedies beyond a cure. But, even if bloodletting should be liable to induce debility, we have high authority for asserting, that in these cases (acute inflammations) the "constitution recovers more kindly from debility by bloodletting, than by disease." (*Beddoes' Researches on Fever and Inflammation*, p. 97.) But is debility a state of danger after the local disease is removed? Certainly not. It is the debility induced by protracted, *half-cured*, or uncured disease, which is alarming. It is probable, therefore, as before intimated, that the errors in practice arise mainly from mistaking this for a state of true debility, when a careful analysis of the symptoms, especially if taken in connection with the history of the case, would do much to reconcile all discrepancies.

The best modern authorities advocate depletion to remove local inflammation, even where there is previously existing a pure typhous state of the system. If this course, then, is authorized when the powers of life are depressed by contagion or miasma, how much more is the same course demanded, when the recuperative energies are failing, not before a general depressing influenza, but the temporary influence of previous inflammation; an inflammation, which is still progressive in its course, and has now affected the whole system by its severity? And yet at this very point, when all would seem clear and plain, many appear to think, and really act, as if the previous inflammation had disappeared, and the implicated organs had resumed their healthful action, and they, instead of being called upon to combat an active disease, are required to administer to an entirely different affair,—a state of pure debility. The previous inflammation is apparently forgotten, antiphlogistic measures abandoned, and bark and wine too often given, without weight or measure. The symptoms are usually aggravated, the dose increased, and the patient dies,—killed, as I believe, by an improper treatment, founded upon false theory. This error is less common here than in Europe, but is sufficiently prevalent here to need a voice of warning often repeated in our ears.

It is too common for practitioners to cease all efforts to cure the primary inflammation, the moment typhoid symptoms supervene; they then prescribe for the secondary symptoms alone, as if there was nothing more to remedy than a state of idiopathic debility. This constantly occurs, not when the character of the disease is doubtful, as it often is in epidemics, but when it has begun as a pure inflammation, and progressed as a pure inflammation, until, by deteriorating the blood, depraving the secretions, and arousing all the sympathies of the system, and thus undermining the recuperative efforts of nature, the typhoid symptoms follow as a secondary effect in so regular a train, that it seems inexplicable how the notion of debility could have become so prevalent, and the subsequent so constantly mistaken for the antecedent. A simple phlegmasia admits of an argument, whether the general state of fever causes the local disease, or whether the local affection developes the fever. The general and local symptoms may occur simultaneously, or in such intimate connection as to admit of an argument on either side; but in the case before us there is no such doubt. The evidences of the so called debility are so manifestly and uniformly secondary to the symptoms of inflammation, that it would seem impossible to confound them. But even if typhoid and real typhoid influences are manifest, it would add nothing to the objections against combating the local disease by antiphlogistics, neither does it add to the argument for the use of stimulants. Acute inflammation, such as we have supposed to exist, whether occurring in the robust or feeble, o reven amid infection, requires to be treated upon precisely the same principles, viz.: antiphlogistics. We modify the remedies so as to adapt them to these various circumstances, but adhere with absolute strictness to the general principle, and from this the consistent practitioner can never depart. He may, perhaps, in certain cases, be justified in giving remedies calculated to sustain the general system, while he is curing the local disease; but the moment he neglects the previous inflammation, and suffers his *whole* attention to be occupied by the secondary symptoms arising from that inflammation, he is departing from the true principles of practice, and losing his best chances of cure. Our only rational plan, therefore, is to subdue the inflammation, correct the secretions, repair, if possible, the destruction, and, if necessary, sustain the vital energies. This latter will be best accomplished by proper nourishment, and for most persons milk and water is the best; this, however, must be regulated by circumstances, such as the condition of the stomach, and few direct stimulants will be necessary. If the previous views are correct, the instances requiring stimulants will be rare; and if the inflammation has actually progressed, until the vital energies are not only oppressed, but to a certain extent destroyed, the prognosis must be doubtful, and if the disease has been tampered with in the beginning, it will almost necessarily prove fatal. Still, even here, we must not give up in despair a judicious depurative and sustaining course will sometimes rescue the patient, as it were, from the grave.

In all cases of doubt, and, indeed, we might say in all cases, particular attention should be bestowed upon the actual condition of the heart; we are not to be satisfied with a weak beat of the radial artery, but examine accurately the heart itself, and if there is diminished impulse, and feebleness or extinction of the first sound, we have, according to Dr. Stokes, a safe criterion for the administration of stimulants. His views on this subject are explained at length in the *Dublin Journal of Medical Science*, for March, 1839. Valuable as this guide is, there are many who cannot avail themselves of it; and we subjoin the following experimentary rules from Dr. Armstrong, in regard to the use of wine in typhoid fever.

1. If the tongue becomes more dry and baked, it generally does harm; if it becomes moist, it generally does good.
2. If the pulse becomes quicker, it does harm; if it be rendered slower, it does good.
3. If the skin becomes hot and parched, it does harm; if it become more comfortably moist, it does good.
4. If the breathing become more hurried, it does harm; if it become more deep and strong, it does good.
5. If the patient become more and more restless, it does harm; if he become more and more tranquil, it does good. In all cases the quantity should be small at first, until we see what effects it will produce. Quinia, or other articles, may also be required, but it would exceed our limits to enter into particulars which must be well known to all. External stimulants may also be required, and would, of course, be used with the usual restrictions.

We close this part of our remarks in the language of the veteran Dewees; and we do this with the more pleasure, because we have great confidence in his truth and veracity, and think his opinions generally founded upon a careful experience and a close observation of nature. If he was not as deeply versed as some modern book-makers in the mysteries of closet speculation and physiological experiment, he was better informed in many matters of practical utility; enough so, at least, to give his experience an influence more lasting than their theoretical inferences. He says: "Our experience is decidedly against this mode of practice (the stimulant); for we have not unfrequently, when called upon to prescribe for this artificial disease, witnessed that it would yield, with pretty constant certainty, to the antiphlogistic and temporising plan of treatment. We have often abstracted blood, both from the general system as well as topically, when all the symptoms enumerated, and which are supposed to constitute typhus, were present; and we have witnessed them to change their aspects immediately. For by these means we have had the dry, dark tongue changed to a moist, whitish one; for the dry, hot skin, we have had a cool, moist one; for the flushed face, we have had a pale one; delirium has been arrested; the irritated pulse has been converted into one of a mild and open character." We may also add the judgment of Tweedie. Speaking of this condition, he says: "Notwithstanding apparent prostration, and a dry, brown coating on the tongue, I have seen a few ounces of blood from the arm of very great benefit. Stimulants, under such circumstances, are always injurious, and generally render the situation of the patient quite hopeless." Our remarks have, thus far, been confined, for the most part, to the one remedy, bloodletting. We did this, not to defend a single remedy, but because this remedy afforded the best illustration of a principle; and it is because we are contending for principles and not rules, that we have said little about the extent and mode of employing this and other proper means of cure. It will be borne in mind that the vital powers are more or less prostrated, and in some cases perhaps debilitated. In this condition we cannot expect to remove the disease and perfect the cure *instanter;* we cannot expect to cure by producing a powerful and sudden shock on the system; neither can we expect the system to sustain the same shock, as it readily rallied from an earlier period. The important point is, to remember that there is a local inflammation which *must be subdued.* If the powers of life are so depressed as not to admit this result, the case must necessarily be fatal. We can do much to sustain the vital powers, and by judiciously combining general remedies to nourish and sustain the system with local or general depletion as the case may require, often succeed in saving cases of great danger. The bowels should of course be kept soluble, and moderate doses of calomel answer this purpose admirably; perhaps a dose of oil may now and then be added with advantage. If there is well marked nervous irritability it may be allayed by opium, hyosciamus, stramonium, or what is often better than either, prussic acid. In a word, I would practise a modification of precisely the same principles contended for in the earlier stage of acute inflammation. It will also be remembered that the secretions are now become morbid, and, in their turn, act as new causes of excitement; especial care should, therefore, be had to restoring the function of every organ, and the healthy condition of every secretion. If these principles are properly applied, the conscientious physician will often enjoy the gratification of having saved a life, which, but for him, would have been cut short.

ART. VIII.—*Excision of a portion of the Tendons of the Peronei Muscles in both legs.* By LAWRENCE PROUDFOOT, M.D.

CASE.—A. E. D., aged eleven years, of delicate constitution and strumous diathesis, has been the subject of neuralgic pains in the lower extremities, for about three years. Occasionally the pains extended from the shoulders to the wrists, with loss of muscular power in the arms and hands, so as to disable her from using her needle; constriction and pain encircling the waist, and extending from the loins across the lower part of the abdomen, with paralysis of the bowels and bladder. Similar muscular debility of the lower extremities, with violent pains darting down the legs, along the anterior surface of the tibia, and extreme soreness on touching the skin, and wholly unable to bear the least weight upon her feet. The tendo Achillis of both legs was rigidly contracted, and the toes drawn into a state of flexion, which she is unable to control, on account of the paralysis of the peronei muscles.

The whole length of the spine was tender on pressure, but more particularly painful over the dorsal vertebra, with a double lateral curvature.

I will not give a detailed account of the treatment. A recumbent posture was maintained about three months, and setons, caustic issues, cupping, and blisters were applied, along the course of the spine, with the internal use of the protiodide of iron, under which treatment she progressively improved.

At the end of her confinement to the couch, an instrument made by Dr. Knight (Museum Buildings in Ann street) was worn, which gave great support to her body and limbs, and enabled her gradually to take a few steps, and eventually to walk pretty well, but she could not take a step without it. The constant use of this support, however, became exceedingly irksome, from its weight and confinement of her motions, and as her general health had greatly improved, and no benefit had been derived from the free use of strychnine, and other remedial means, made use of to restore the paralysed muscles, I determined to resort to Tenotomy.

On the 17th of June, I divided the tendo Achillis of both legs, which enabled me to bring down the heels about two inches; and on the 9th of July, with the assistance of my preceptor and friend, Dr. Valentine Mott, and Dr. Wm. H. Van Buren and Dr. Isaacs, I excised a portion of the tendons of the peroneus longus and brevis muscles, with perfect success. The steps of the operation may here be detailed, as I believe this is the first instance in which the exsection of the tendons of these muscles in both feet has been performed.

I commenced the operation by making an incision two inches in length, behind the external malleolus, the lower extremity of the tibia being opposite to the middle of the wound; the tendon of the peroneus longus was immediately exposed, and below it lay the tendon of the peroneus brevis, both being perfectly relaxed. I then elevated them with a probe, and with a curved bistoury, divided both tendons at once, at the middle of the incision. There was not the least retraction of the peroneus brevis muscle, although some of its fibres were necessarily cut, in dividing its tendon at this place. I then took hold of the lower portion of the tendons with the fingers, and removed about half an inch of each.

The operation was the same in both feet.

The wounds were drawn together with adhesive straps, and a long, wide strip was applied from the base of the metatarsal bone of the great toe (at the insertion of the tendon of the peroneus longus) crossing the sole of the foot, and extending up the leg, in the course of the muscle, to supply the place of the divided tendons, the ends of which were by this means approximated, and with the bandage, maintained them in contact. In ten days the wounds had perfectly healed, and at the end of three weeks, she could extend the feet, and walk without any assistance.

New York, August 10, 1846.

Art. IX.—*Remarks on Masked Intermittent.* By H. P. Dewees, M. D., of New York.

In June, 1845, a female patient called upon me, accompanied by a young lady of about 18 years of age, who was desirous for advice on account of continued suppression of the menses. Several months previous to this, she had spoken to me concerning her young friend, representing her to have had a sudden check to her periods, attended by cough. Upon inquiry as to her having had fever and ague, I was at the time informed that her ill health dated from the period of its sudden cessation.

The patient was rather above the middle height, thin and debilitated. The voice was husky and wheezing, interrupted at every effort to speak by coughing. She had had a slight hemorrhage several times, attended with comparative relief for a short interval. At length night sweats, loss of appetite, and fits of severe oppression rendered life a burden. The sickly pallor of her countenance bespoke the poverty of the blood; the tongue was blanched and pasty, with red tip and brownish fur over the base. For several weeks her voice had failed, and (as she observed) "she had several times coughed up something hard." The menses had not appeared for six months, and although the expectoration was phthisical, and the pulse over 100, yet she laughed at the idea of her lungs being affected, the suppression being her only care.

On percussion there was marked dullness over the upper portion of the right lung, and auscultation revealed a large cavity in its apex, pectoriloquy, and cavernous respiration being perfectly distinct; the left lung was apparently sound or but slightly affected.

The case presented itself in this light: here is a female having cavities with circumscribed tubercular deposit, accompanied by emaciation, incessant cough, puriform expectoration, loss of voice, appetite and rest, night sweats and other attendant symptoms of phthisis; that her health had been good until attacked with intermittent fever, the menses diminishing, and finally stopping upon the sudden cessation of the disease. Shortly after, pain under the left mamma is experienced, with alternations of costiveness and diarrhœa, the strength gradually failing with increasing impoverishment of the blood, cough now setting in, attended with purulent expectoration, hemorrhage, and other symptoms of consumption, the pulse becoming quick and frequent, marking the general irritability.

Having met with cases of tubercular diseases of the lungs and intestines, originating subsequently to an attack of intermittent fever, which had been arrested suddenly, either by treatment or without it, the health becoming impaired, I was induced to attribute the situation of the patient to this cause. As far as my experience goes, the splenic region is first complained of, owing to the pain; the uterine functions evidencing their disturbance shortly after, the flow becoming lessened or ceasing altogether. As far as symptoms are concerned, the lungs enter last in the general disorder, unless the patient be scrofulous or syphilitic, when the tubercular degeneration ensues more rapidly in them, or in the intestines, according to the seat. But if the patient be neither strumous nor syphilitic, the tuberculosis takes place later and in sequence to other constitutional changes, by which the assimilating powers in general are weakened, the blood evidencing the alteration in its composition, by the blanching of the cheeks, tongue and gums.

The *treatment* indicated in this, and in all other like cases, was to improve, as far as possible, the quality of the circulating fluids by tonics and proper regimen, conjoined with remedies known to have influence over the organs first exhibiting the deviation from health ; the pulmonary symptoms to be treated as they arose. She was put upon mass. ex hydrarg. with extracts of hyosciamus and taraxacum as a cholitic. The infusion prun. virg., conjoined with small doses of hydriod. potass. three times a day, as a tonic and alterative, the effect of the bark being also invoked to quell the irritability of the heart's action. As the cough was troublesome she was ordered the following mixture :

℞ Syr. Ipecac. ʒ j. ; Tart. Ant. et Pot. gr. j.
" Scillæ ʒ ij. ; Morph. Sulph. gr. ij.
" Tolutan. ℥j. ; Aq. Font. q. s. f. ʒ viij. M.

A tea spoonful three times a day. The whole body to be sponged twice a day with a strong solution of salt and tannin in whiskey ; the chest to be constantly covered with a cloth wetted with the same. When the night sweats came on, to be sponged with warm spirits and water, and rubbed till dry ; the diet to be bland and nutritious, with meat free from fat once a day.

In the course of a few days she returned, feeling somewhat better, the nights being passed more comfortably. Her bowels had been freely opened, passing tarry discharges. Ordered to continue same course, omitting the mercurial, the addition of wine whey being made to her diet, with small pieces of ice to allay the thirst.

About five days after this I again saw her ; she was looking better, and said that the sweats did not trouble her so much ; that the cough was easier, and that she felt stronger. She was then ordered a vomit of ipecac, and on the following day to take quinine in 3 gr. doses, three times a day. As she complained of my " not attending to her courses," I desired her to be at my office the day following the operation of the emetic, in order to have a galvanic current passed through the pelvis.

In the treatment of simple menstrual suppressions, it is my practice to adhere to as strict a calculation as possible, as to the probable period for the re-appearance of the catamenial nisus, the usual intermission being gained from the patient in order that the uterine functions should be invoked at the *natural* time. By this plan the patient is not uselessly punished by the long continuation of those remedies viewed as emmenagogue, or having a direct action upon the uterus. Generally, the period will be found to be about four weeks between the disappearance of the discharge and its return. Calculating the number of days intervening from the stoppage to the time present, and dividing by the number of days occupied by the intermission and discharge, a tolerably correct result can be obtained for the *should-be* appearance, had the flow continued as in health. The *direct* treatment should not be entered into earlier than 8 or 5 days before the calculated return, nor continued over two or three days after the period, the restoration of the blood and muscular strength by suitable remedial hygienic being only called for. By this plan much useless dosing is saved, besides being more successful, as far as my experience goes.

In the case under consideration, the menses had not appeared for six months ; about eight days previous to the calculated return, the galvanic current was applied. Six batteries were begun with, the positive pole being placed over the sacral portion of the spine, whilst the negative having a sponge attached was rubbed freely over the uterine region of the abdomen. Each successive day one battery was added, until the series amounted to twelve. On the third application, fulness about the loins and slight bearing down pains were experienced. At this time a current from three batteries was passed through the right lung, the positive pole being placed over the cervical portion of the spine. On the fifth day she was ordered to bathe to the knees in mustard and cayenne water, and on being rubbed dry, to wear a pair of woollen stockings sprinkled on the inside with red pepper, a small mustard poultice being placed above the inner condyles of the knee joint, and a warm bran poultice to be kept over the abdomen—to continue doing the same for three nights.

I may here remark, that in many uterine diseases, pain about the knee joint will be frequently complained of, a sympathy seemingly existing between the organ and this portion of the leg ; and I have known patients tortured with blisters, setons, &c., over and near to the joint, under the idea of the part being seriously affected, when by attention to the womb it was speedily relieved.

The seventh night after the application of the batteries, she passed from the vagina, with much bearing down pain, something which she described as "like a piece of sponge with streaks of blood through it." Upon further inquiry, I concluded it to have been of fibrinous formation. The next night, after the eighth application, black thick blood was voided *from the rectum*, continuing irregularly for three days, accompanied by the usual sensations of menstruation, and with feelings of general relief. This I considered to be vicarious to the catamenia. The applications to the chest were only four, and whether from this cause or others, the percussion was less dull ; the congestion being considerably relieved, whilst the expectoration became more bronchitic, the night-sweats having almost disappeared. Shortly after this, she left for the country, a marked amelioration having taken place. She returned several weeks after this, and sailed for the South without my again seeing her.

The points offered in this case are somewhat interesting, as regards certain pathological conditions. The first is, that intermittent fever, or its exciting cause, may exhibit itself after the stoppage of the regular exacerbations, in the disorder of an organ or organs, which previous to the attack, or even during its continuance, had been performing their healthful functions, the blood suffering in its corpuscular aggregation, inducing in some a chlorotic condition, without detriment to its fibrin : or, again, in others of true scrofulous constitution, defibrinating the blood still more, tubercular formations in the lungs or intestines being developed. Whilst in a third set, the nutritive functions of every organ may become so impaired, that during life no localization of any particular disease can be determined, the decay of all seeming to waste existence away. During this influence the peculiar constitutional taints, or diatheses, are likely to become developed, whether scrofulous, arthritic, neuralgic, or rheumatic—the unwelcome visitor, when so suddenly departing, ushering in a guest more to be dreaded.

These cases are most frequently to be found amongst females, a chlorotic condition first exhibiting the objective changes, attended by pain under the left mammary region, with irregular chilly sensations, the lungs frequently masking the true nature of the disorder, by cough and expectoration of viscid mucus or puriform sputa, the result of too much labor in their functions: the liver, in nine cases out of ten, not performing its office in assisting to decarbonize the blood, owing to torpor or obstruction in its circulation. A similar condition is to be observed in males; and as far as my observation goes, it is mostly found in those exposed to southern miasmata, complete chlorosis ensuing.

The lungs, in many of these cases, will be found free from severe organic lesion (unless long neglected); and it is in these very cases that the vaunted cures of tubercular phthisis take place. If tubercle does become deposited, it is generally in isolated masses; and when its dislodgment by softening ensues, the lung may return to comparative health, the cavities healing as in an ulcer, their walls being lined by their peculiar cellulo-serous or fibrous membrane, provided the nutritive functions have been at the same time improved. And the treatment found successful in these cases records the fact, that the lungs were not the seat of that formidable disease, known as scrofulous phthisis, which apparently is and ever will be incurable, as regards specific treatment, until more accurate knowledge of the blood can be obtained, with some surer means for its improvement.

In these cases there is little or no hemorrhage, the fibrin remaining intact, or, indeed, on the increase, provided inflammatory action ensue; the red corpuscles alone becoming reduced; and when hemorrhage does happen, it is mostly attended with relief, unless it be in excess. The liver becomes tumid, and by its upward pressure and weight, causes pain in the right chest, with an uneasy sensation in breathing, or in the scapular region, owing to the nervous connections. The spine is tender on pressure, or lancinating pains are experienced, leading from the column to the part affected. The action of the heart becomes abnormally increased, and pressure over the cervico-dorsal vertebræ betrays spinal irritability associated with it. The later views of the disordered condition of the spine in intermittent fever seem corroborative of the doctrine of functional disturbances originating from its irritation: and the reverse—that spinal derangement may ensue consequential to disease of an organ or organs whose nerves pass into it.

As above observed, the sympathetic affection may completely mask the original disease, and the treatment fails on account of the erroneous diagnosis, the latent disorder not being discovered. The liver and the lungs are in part analogous in their action, viz: that of decarbonizing the blood: and when from obstruction and nervous depreciation, &c., the former becomes unable to perform its part, the lungs have double duty to do; and hence they become, if correctly regarded, a valuable source of diagnosis in many cases, though greatly at their expense. The respiration will be found bronchial and puerile in the small tubes of the left lung, and upper portion of the right, the lower parts varying according to the encroachment from the enlargement of the liver.

To say that a person, having disease of the liver, lungs, or of any other viscus, must previously have had intermittent fever; or, that because he is chilly at one time and hot at another, the type of the disorder is intermittent in a masked form, would be assuming too much; but when the individual has had the ague, which has suddenly ceased, or has been exposed to malaria without regular exacerbation exhibiting itself, and functional disturbances of an organ or organs manifest themselves, in which periodicity is seemingly marked, then it does become a matter of importance, because of the treatment requisite, as anti-periodic tonic remedies, with other adjuvants towards building up the blood and invigorating the nervous tone, must be entered into, in conjunction with those addressed to the local condition. And the treatment found successful in these cases bears out the truth of the proposition.

We may therefore lay it down as a law, that the cause producing the phenomena of intermittent fever, may not, in certain constitutions, exhibit itself so as to induce the regular exacerbations of chill and fever, but may create disturbance of any organ or organs supplied with nerves from the spinal or ganglionic system, giving rise to various secretory disorders, or by action on the spinal marrow itself, may originate the different forms of paralysis consequent on its implication.

When the liver becomes affected, congestion of the portal circulation ensuing, the due elimination of the principles of the bile from the circulating fluids does not take place, and the contents of the head, chest, and abdomen, become seriously implicated ; so that, in conjunction with enteric disease (sometimes accompanied with ascites, jaundice, &c.), the whole nervous system evidences in its Protean disorders, the effects of the retained poison.

The deposition of tubercles in the lungs takes place, either as a result of the mal-condition of the assimilating processes, by which the nutritive fluids are prepared ready for the use of the economy ; or, by reason of the low organizable power of the tissues themselves, bathed, as it were, by the nutrient materials, the fibrinous and albuminous parts being alike rejected. Again, they may be developed by some local cause, in which inflammatory action is present, hepatisation taking place with transudation of plastic lymph and albuminous deposit ; the tubercular formation resulting on the decline of the activity of the inflammation, by the absorption of the fibrinous elements, the less assimilable matter remaining. In this form, if there be no scrofulous dyscrasia, and the general reproductive powers are not too greatly injured, the ejectment of the tubercle relieves the embarrassed state of the lungs, and the patient may recover without great loss of their substance. But if there be a latent strumous diathesis, the decay of the lungs may ensue as in open scrofulous phthisis, from its speedy development, the blood and the reproductive powers of the parts themselves suffering in their vitality.

In the *truly scrofulous* subject, when the lungs become affected, the deposit of tubercle takes place without the above processes, for the blood is already impoverished in its fibrin (as well as in its red corpuscles), and the tissues are weakened in their molecular attraction, so that the deposition of albuminous material, and the waste of the lung by ulcerative action, go on *pari passu*. Phthisis, then, cannot be said always to result from a scrofulous taint, any more than the lungs becoming so affected, produce scrofula ; for what is proved of one can be so of the other.

But the result as regards life is different, for in the true scrofulous dyscrasia, consumption must ever be an incurable disease, as far as our present specific remedial knowledge goes : whilst in the other—or where, through pulmonic or other visceral derangements, the blood is thrown into that state representative of struma from some known exciting cause, the prognosis is more favorable, as the causes of the degeneration frequently tend towards self-removal, and by judicious treatment the health can be renewed, though with a hampered state of the lungs.

As regards the presence of real inflammation, I conceive it is never to be found in the pulmonary tuberculosis of true scrofula (unless engrafted on accidental pneumonia or other inflammatory origin), the fibrin being always of low quantity. But it may—or rather its accompanying changes—be found in the *induced* scrofulous state, the inflammation being the *precursor* and not the successor. And hence has arisen the difference in the analyses of the blood in phthisis, sufficient discrimination not being used in distinguishing the cases.

Whilst in those cases called "galloping consumption," it seems to be always more or less present, the lungs, in some, appearing to undergo inflammatory softening from the commencement to the end, without the formation of hard tubercle, a (so to call) pulmonary phagedena ensuing. In others, the lungs become beset with an immense crop of miliary tubercles, proving fatal from their mechanical obstruction, suppuration attending only towards the close of life, the expectoration previously being sparse, or merely bronchitic, and hence frequently mistaken for pneumonia, or simple bronchitis. And these may be present—the former forming a rapidly fatal complication (being most frequently induced by incautious exposure) with hemorrhage or puriform expectoration, accompanied with the usual signs of cavities only towards the end of life. The question of the organization of tubercle appears insupportable on the slender grounds advanced by its advocates. The evidence of vessels and fibrous threads in their substance offers no proof in their favor, as they may merely be, either the remnants of the incarcerated web of the lung itself, the vessels, &c., being first rendered impermeable by the encroachment on their walls by the militant growth, and by the abnormal quantity of blood thrown on the surrounding tissues, thereby reducing their integrity; or, if the tubercular deposition originally contained fibrin, the disposition of this element to become organized whilst in contact with a living membrane, accounts for the appearance when examined. But these are the *results* of previous inflammatory action in the parts affected, and not the *consequential* formations of ordinary tubercle in scrofulous subjects.

The uterine suspension in the case referred to offers matter for interesting remark. The function of the organ had not been performed for several months, and when stimulated from its lethargy by electrical influence, a fibrinous mould is apparently thrown off, accompanied by a discharge of blood from the rectum. It would appear that this intermission of uterine performance was preservative, inasmuch as the blood was already reduced in its red composition, the uterus not being duly stimulated to its periodic performance by reason of this degeneration, a mere transudation of lymphy material being thrown out, sheathing the internal parietes. Hence we see a beautiful law of nature established. The discharge of effete blood from the rectum, by which the hemorrhoidal vessels were emptied, and thus made to act on the liver, affords a useful hint for remedial application in similar cases, due attention being paid by every possible means towards improving the quality of the blood and nervous power.

From previous experience I was induced to apply the uninterupted galvanic current through the pelvis, having established the catamenial returns by its influence in other cases, and especially in those depending, as it were, on uterine paralysis. It was the first application I had ever made with it in phthisis, although I had frequently experienced benefit from it in those cases of congestion caused by debility of the capillaries, from loss of nervous tone, the nutritive functions being at the same time rendered more active. It remains for future experiment over similar states, to say, of what real avail it might prove in tubercular cases. I am inclined to think, from attentive investigation of its action, it would be found, in judicious hands, of great benefit. Like the administration of any other remedy it requires experience, and this can only be gained by patient and repeated trial; the diagnosis of the state of the parts to be operated on being carefully made, and when made, to understand what *curative actions are necessary;* and how best to produce them. The form of the battery also requires attention, as well as the size of the plates, and the quantity and intensity required. In my own practice I use the continued current, as far more satisfactory in its results, resorting but seldom to the machines so multipled by the ingenuity of their contrivers, reserving the employment of these to certain cases, the electricity, and not the shock, being the remedial agent.

New York, September 30th, 1846.

ART. X.—*Extracts from the Recorded Proceedings of the New York Medical and Surgical Society.*

DR. BEADLE reported a case of *abortion.* The lady met with a slight accident at the third month of gestation, at which time there were present the usual symptoms of abortion. The same subsided, as also did all the signs of pregnancy. The fœtus, however, was retained in utero, and was not expelled until the 7th month, when it was only the size of a three-months' fœtus. The same was exhibited to the Society.

Dr. A. C. POST mentioned a remarkable case of strangulated hernia, of many years' standing, in a black man. He had never used a truss, but usually supported it with the hand. The hernia came down after violent exertion on horseback. He was unable to reduce it, and was shortly after taken to the hospital, where the usual remedies to effect *a taxis* were resorted to, and continued for more than an hour, without effecting a reduction. Dr. Cheesman then proceeded to liberate the stricture. The sac was much thickened, and contained many feet of both small and large intestines--a portion of intestine was found discolored; a large portion of *mesentery* was also contained in the sac, and could not be returned before a liberation of the stricture, to the extent of one inch in the integuments and abdominal muscles.

Dr. SWETT reported the case of an elderly gentleman, aged 70 years, with disease of the heart, and effusion in the cavity of the chest and pericardium. He was subject to violent paroxysms of difficulty of breathing, which continued half an hour or more, which had been regarded as nervous and dependent on gastric irritation. On examination he (Dr. S.) found no cough; pulse frequent, and feeble; had been subject to palpitation of heart for a year or more. There was, at the time, slight œdema of the feet. He could lie upon the sound side, while in another somewhat similar case, related by Dr. S., the patient could not do this.

Dr. MCCREADY reported the case of a gentleman with organic disease of the heart, and its concomitant symptoms, terminating in apoplexy, paralysis, with loss of speech, &c.

MEETING, NOV. 1, 1845.

Dr. **BEADLE** reported an instance of a retention of the placenta for five days, during which time the patient remained comfortable and free from pain. The uterus was so high up that the *os tincæ* could not be felt. *Ergot* was administered, and continued 24 hours. At the second visit, on examination, a tumor was felt, which, at the time, was supposed to have been an ovarian tumor, but after the expulsion of the placenta, which had been detached, the tumor disappeared.

Dr. H. **GREEN** mentioned having recently made application of the *nitrate of silver* to the mucous membrane of the larynx, in a hopeless case of croup, during the stage of collapse. Every remedy had been tried, and failed to afford relief. Three applications had been made during 12 hours, producing very little irritation, and with decided relief to the breathing. Adherent mucus had been thrown off after the second and third application. During this time, calomel one grain, with half a gr. of ipecac, had been administered every three hours. The case terminated fatally. No autopsy. Dr. G. related the case to show that the child had been benefited by the treatment, and suggested that it might be found efficacious in similar cases. At a subsequent meeting, Dr. G. read the following paper, "*On the Effect of the Nitrate of Silver* upon certain conditions of the mucous membrane, when topically applied.—(See N. York Med. Report., No. 25, pp. 389–90–91.)

So certain and so salutary are the effects of the nitrate of silver upon the mucous membrane, and its cryptæ, when affected by chronic inflammation, that I have long since considered the local employment of this remedy a specific in diseases of this character and location. Of its effect in acute inflammation of the mucous and sub-mucous tissues, when locally employed, less is known. Having used it in several cases of acute uvulitis, where its free application in a concentrated solution to the uvula, velum, and whole faucial structure, arrested at once the inflammatory action, I ventured, a short time since, to resort to this remedy in treating a disease, which has been remarkable, hitherto, for not yielding, in a large proportion of cases, to any plan of treatment employed.

Mrs. B., a lady of rather a delicate constitution, who had been hoarse from a cold for several days, rode out from the city a few miles, on the afternoon of Friday, the 11th of June, of the present year.

The day had been warm, but on returning to the city towards evening, the weather had become cooler, and the carriage being open, she faced a current of air all the way home.

Some slight chills occurred during the evening, which being followed by a restless night, led her to suppose she had added to her cold; and hoping these symptoms would soon subside, she delayed through the following day to call for medical aid. Her hoarseness the next morning was greatly increased; slight chills were again felt, and in the course of the day, pain and a sense of constriction about the larynx came on, attended by a dry, severe cough, and great difficulty of respiration.

I was called to see her late on the evening of the 12th of June, the next evening after her exposure, and found her laboring under strongly developed symptoms of acute laryngitis. She was sitting upright in bed, breathing with great difficulty, and uttering at every inspiration a croupal sound, which was followed by a short convulsive cough. The face was flushed, the pulse frequent and full; and she complained constantly of a sense of suffocation, and of great distress in the laryngeal region. On inspecting the throat, the fauces and the pharyngeal membrane, as far down as it could be seen, presented the appearance of a high degree of inflammation.

As soon as it could be prepared, an emetic of tart. ant. with ipecac. was administered, a vein in her arm was opened, and about twenty ounces of blood withdrawn.

The emetic operated freely, and although the pulse was reduced, and the patient experienced some degree of faintness after the bleeding and emesis, yet the labored breathing, the cough, and other distressing symptoms, remained nearly the same. A mustard cataplasm was now applied to the upper part of the sternum, and another between the shoulders. Small doses of antimony were given every fifteen or twenty minutes; and after remaining with her until two or three o'clock in the morning, I left her to obtain other means of relief.

On returning an hour or two afterwards, I found but little alteration; the oppressed respiration, the stridulous cough, and the distress in the throat, remained about the same. She had vomited several times during my absence, but had obtained no rest.

I had now brought with me the means of cauterizing the throat, and was determined to delay its employment no longer. Indeed, had I had the means with me at first, I should not have left the bedside of the patient without employing this invaluable local remedy. With a solution of the crystals of the nitrate of silver of the strength of forty-five grains to the ounce of water, I cauterized freely the fauces, the laryngeal face of the epiglottis, and as thoroughly as I could, the cavity of the larynx. For a few minutes, the difficulty of breathing and the cough were increased by the application; a large amount of viscid, ropy mucus was discharged, and along with it a small quantity of blood. In the course of half an hour after the application, the symptoms had improved. The laryngeal cough subsided; the respiration became less laborious, and the patient soon after obtained some sleep. In short, from this hour, I had no farther trouble from the case. Occasional doses of expectorant medicines were administered during the day. On the following evening, a slight increase of the cough and irritation came on; but these soon subsided, and were followed by a quiet night's rest.

The next day a considerable amount of a thick and yellow expectoration was discharged, such as occurs on the breaking up of a severe cold, and my patient has since fully recovered.

The power of this remedy to restore a healthy action, where an altered condition of the mucous membrane exists, is well illustrated in the following interesting case:—

In April, 1845, a little daughter of Mr. R. F., of this city, about four years of age, accidentally drank a quantity of sulphuric acid, from a cup which had been left on the table by a servant in the family. The tongue, pharynx, and the epiglottis, were violently corroded and inflamed by the poison.

Mr. Ryland relates this singular fact, that the larynx suffers injury from the swallowing of any of the strong acids, only when they are taken accidentally, in mistake for some other liquid;—that a person bent on suicide, will swallow the corrosive acids well and without pain. In these cases, the larynx is never injured; the epiglottis, during the act of swallowing, completely covers the upper surface of the glottis, and the acid passes down the œsophagus to the stomach, without impairing, in any way, the organization of the larynx. But if the acid is taken accidentally, immediately that it reaches the gullet, the mistake is discovered, violent action of the muscles of the pharynx is excited, and the corrosive liquid is rejected through the mouth and nostrils.*

In this manner was the acid taken and rejected by the little patient, above named; but, besides the injury done to the back of the pharynx and the root of the tongue, the epiglottis and the opening of the larynx were severely corroded by the concentrated acid. Violent inflammation of these parts, attended with great difficulty of deglutition, followed. By the use of prompt and active measures under the treatment of the family physician, the inflammation was subdued; but the injury done to the epiglottic cartilage, and the lips of the glottis, ended in ulceration of these parts; so that, at the end of two or three weeks from the occurrence of the accident, deglutition became nearly impossible, on account of the injured epiglottis failing to afford sufficient protection to the opening into the wind-pipe.

About five weeks after taking this acid, I was called to see this patient, and found her nearly exhausted for the want of nourishment. If a cup of gruel or water was presented to her, she would seize the vessel with great eagerness and attempt to drink; but the moment the fluid reached the gullet, a violent spasmodic cough would take place, by which the liquid was instantly rejected. Solid food would be thrown out in the same manner, as soon as it reached the pharynx; and this effect, for more than a week, had followed every attempt made to administer nourishment; so that the child was, in reality, at this time, in a state of starvation. Convinced from the symptoms present, and from an inspection of the throat, that ulceration of the epiglottis, and probably of the lips of the glottis, existed, I at once determined to try the effect of a concentrated solution of the nitrate, upon this form of injury. Accordingly, I introduced a small sponge, saturated with the fluid (35 gr. to the oz.), and freely cauterized the epiglottis, and the opening of the larynx.

On the following day, after repeating the application, the patient swallowed a small cupful of thin soup, without exciting the suffocating cough, which, as the attendants declared, was the first food the child had taken for eight days. Some portion of the nourishment, however, must have reached the stomach, sufficient to sustain life during this period. On the third day, a small amount of solid food was taken, and on several occasions during the day, a cupful of gruel.

After this period no difficulty occurred in administering a suitable amount of food, and the patient, who had become much emaciated, rapidly regained her health and flesh.

Dr. Stewart exhibited and explained a modification which he had made of Lallemand's instrument for cauterising the urethra, which he considers to be an important improvement. It consists in having a small hollow canula, open at the sides, to screw on to the end of the instrument into which may be inserted a small cylinder of solid nitrate of silver. In other respects it is precisely similar to Dr. Lallemand's instrument. The advantage claimed for it by Dr. S., in the substitution of the hollow canula and solid caustic, is, that it facilitates the operation, and renders it more safe, while it obviates the necessity for pulverizing and melting the nitrate of silver, as is required in the use of the original instrument. Dr. S. further stated, that he had been using the instrument for the period of eighteen months.

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* Diseases and Injuries of the Larynx and Trachea. By Frederick Ryland.

Dr. Adams mentioned the effect of tobacco-smoking as occurring in patients under his observation, which had been a "spasmodic twitching" about the scrobiculus cordis, and generally coming on at evening, after retiring to bed. The discontinuance of the tobacco relieved the symptom. Dr. A. also stated that nine cases of a similar character had been recently reported in the Western Journal of Medicine.

Dr. Taylor reported a case of *congenital hydrocele*, in a child, situated on the left side, and extending from the ramus to the symphysis of the jaw, also to the shoulder, cured by absorption—no treatment. Dr. T. also mentioned a case of *chorea* of the abdominal muscles, occurring in a lady who had supposed herself pregnant, and was daily expecting to be confined—cured by *strychnine*. Dr. T. reported having operated upon a female for *recto-vaginal fistula*, the result of an abscess. The operation consisted in converting it into a *fistula in ano*—opening the vagina an inch and a quarter, and extending the rectum two and one-eighth inches. The operation was partially successful. Also reported a case of *crural phlebitis*, in a lady 19 years of age. The disease had existed six or eight weeks, terminating in abscess: Prior to opening the abscess, the circumference of the thigh was 28 inches.

Regular Meeting, November 15, 1845.

Dr. McCready reported an instance of an anomalous pustular eruption upon the face, the product of application of irritating substances, cured by the use of the following formula: ℞. Iod. Potassæ ʒ jss. Deut. Iod. Hydrarg. gr. iij : Aq. Distillat. ℥ iv Dose, ℥ j three times a day. Also apply Ung. Iod. Hyd. grs. x. to the ounce.

Dr. Watts mentioned having recently met with two instances of anomalous distribution of the *median nerve*, running behind and outside of the artery.

Dr. Dubois reported a case of *protrusion of the eye-ball*, following rheumatic inflammation of the "tunica vaginalis oculi." A colored woman of middle age, and of previous good health, had an attack of rheumatism in the latter part of July. In the course of a few days she was seized with severe pain in the left side of the head, and in the left eye-ball. The pain in the eye was deep-seated, and felt as if the ball was being pushed out; vision in the affected eye was nearly destroyed. She came to the infirmary in the early part of August, at which time there was great protrusion of the eye-ball, and vision was very imperfect. The lids were swollen and œdematous. She complained of pain in the head and joints; pain in the eye much less than it had been. She was ordered frequent cupping, free use of mercurial purgatives, and warm anodyne fomentations to the eye. In about three weeks, the ball had resumed its natural position, and vision was completely restored. This same patient presented herself a second time, on the 20th of October; had been recently much exposed while in attendance on a sick person. The protrusion of the eye was as great as in the first attack. Complained of extreme pain in the eye, and about the brow and temple. The lids were much swollen. On separating them, the cornea and iris were found healthy; but there was a peculiar projection of the conjunctiva at the angle, where it is reflected from the lid to the globe of the eye. *Chemosis* is one of the most characteristic symptoms of the disease. It is of a pale amber color, and without any trace of vascularity. The patient was again ordered to be freely cupped, and take a pill of calomel and opium three times a day. When last seen she was improving.

Dr. Garrish reported a case of converging squint (strabismus), of 12 years' standing, cured in seven days by the application of strychnine in solution, 12 grs. to ℥ij of alcohol, to the eye-brow and temple, morning and evening.

Dr. Adams stated that the above case reminded him of one reported in the October No. of the Med. Chir. Rev., where the *tincture of aconite* had been given in neuralgia, to the extent of 80 drops in four days, resulting in the death of the patient on the seventh day, with the usual symptoms of poison; *autopsy* revealed nothing unnatural, farther than unnatural fluidity of the blood. He referred to the case in illustration of the fact, that the alkaloids have an accumulative tendency.

Dr. Post related a case of *fracture of the Radius*, with dislocation of the upper extremity, which had been badly treated, the hand having been placed in a prone position, with a splint over the radius, and also one over the ulna.

Dr. Buel stated the case of a gentleman 28 years of age, who had had an attack of Scarlatina in February last; in Sept. following, swelling in the face was observed. He had experienced an attack of Rheumatism in May: came under his care three weeks ago; strength and digestion good; *Diag. Disease of the heart* and *albuminous urine.* Dr. Swett observed that swelling began in the *face* in granular disease of the kidneys, and in the *feet* in diseases of the heart. Dr. Buel further stated, that he had cured a case of *herpes zoster*, by application of *ung. stramonium;* stated by Cazenave not to be relieved by local treatment.

Regular Meeting, Dec. 6th, 1845.

Dr. Foster reported having recently used *alum pulv.* and *nitrat. potass.* grs. xv. and x., three times a day, with the most happy effect, in two cases of gonorrhœa. In one case the discharge had existed ten days; in the other, two months.

Dr. Clark stated that he had seen two cases of "wry neck" following measles, and that he had heard of two others—in every case, the head was drawn over the shoulder. Dr. C. mentioned these symptoms as being unusual, and asked the opinion of the Society. The accident commenced after the patient had entirely recovered from the original disease. Dr. McCready mentioned that he had observed several cases of "wry neck" following scarlatina.

Dr. Blakeman stated that he had recently used with success, the tincture of *apocynum canna binum*, in the treatment of dropsy. Dr. Wilkes said he had used the *decoction* with success, in similar cases. Dr. Swett had, however, not been as successful in its use.

Dr. Buel reported a case of *paralysis agitans*, in a lady 60 years of age. Spare habits, intellect unimpaired; bowels generally constipated.

At the change of life, she experienced a tremor of the left side; general health became affected; suffered from an indescribable uneasiness. The flexor muscles seem to have the preponderance,—such as a contraction of the fingers, and bending of the body forward; requires to be constantly in motion, such as rocking, or riding out; these symptoms had existed 8 or 9 years.

Dr. Stewart mentioned an occurrence which recently happened to a friend in Philadelphia, who, on opening a trunk containing platina commenced sneezing, and continued to sneeze some 40 times; the face also began to swell and became insensible; supposed to be poisoning from the inhalation of platina filings. Dr. S., after alluding to a case of peritonitis, supervening on the reduction of inguinal hernia, reported on a former occasion, read to the Society an account of a similar one occurring after the reduction of an inguinal hernia, which was relieved by the free use of Croton oil, both internally and in frictions around the umbilicus. The disease was attended with most obstinate constipation, and the stomach rejected all the medicines that were administered. A free cathartic effect, however, was produced soon after the application of the oil externally, and after a rapid convalescence, the patient was entirely restored to health.

The whole quantity of oil used in the case, was *ten* drops internally, given in half drop, or drop doses; and 15 drops rubbed over the abdomen. In connection with this case, Dr. Stewart likewise offered some remarks on the purgative properties of Croton oil, when applied externally in frictions around the umbilicus, and concluded by recommending its use in this way in cases of peritonitis, in which disease he considered it highly useful, both on account of its counter-irritant and its purgative power.

Dr. Post mentioned having had a patient whom he had treated in the hospital for *amaurosis* of both eyes, of short duration; had appeared suddenly, without pain in the eyes, or headache. The disease yielded promptly to the internal use of *mercury*, and to external applications of *veratrine*. There had been no previous cause for the disease. Dr. P. further stated, that he had been requested, some two weeks ago, to operate upon a young lady 25 years of age for staphyloraphy, in the *mesmeric* state When he entered the room where the patient was, he found her sitting in an arm-chair, with her head thrown back, and the eyes closed. When he was prepared to operate, he requested the patient to open her mouth, which she did. He then proceeded with the operation, which was tedious, on account of flow of blood. She would bend her head forward in order to let the blood flow out of the mouth. She raised her hands to grasp the Doctor's, and also bit his fingers—all which goes to establish the truth of mesmerism!

Regular Meeting, December 30th, 1846.

Dr. McCready stated that he had been using squills and mercury in a case of dropsy, and that it had immediately produced a prickling sensation in the urethra, on urinating, in the patient.

Dr. Taylor stated that the case of congenital hydrocele of the neck, which he had supposed terminated in a spontaneous cure, and which had been reported at a previous meeting, had returned. The child had been vaccinated, yet nothing unusual had presented during the progress of the pock. It had had a very severe convulsion, of more than an hour's duration. Dr. S. was of opinion that neither the vaccination nor the convulsion had any cause in developing or causing a return of the disease. Dr. T. stated that he had been called to a lady, who had chronic pleuritis,with affusion into the cavity of the pleura. The peculiarity of the case was, that she had been out for the week previous ; pulse frequent ; slight hacking cough ; saw the patient the 29th day of disease, when she had very free perspiration ; administered pulv. ipecac. comp. in order to facilitate the perspiration. The patient recovered.

Dr. Post mentioned that he had operated upon an elderly lady for *cataract*, who was entirely blind ; pupil dilated. Dr. P. operated by extraction, which was attended with copious hemorrhage from the vitreous humor, and continued for some time. The vitreous humor protruded very much, and was snipped off; yet it protruded so much as to separate the lips of incision in the cornea ; believes that the lips will contract so as to prevent the escape of the vitreous humor, thereby preserving the form of the eye. No inflammation followed, which had been much apprehended. Dr. P. stated that, during the last week, a case of dislocation of the humerus under the clavicle, which had been unreduced four months, and occurring in a young woman 17 years of age, came into the hospital. The dislocation had been produced by a fall during an epileptic fit, and had not been detected until after three months had elapsed. The dislocation was reduced by Dr. P. in the usual way ; while making an examination of the shoulder, the humerus slipped out, but was reduced by placing the knee in the axilla, and making extension with one hand. It was then bandaged and directed to be kept so for one month, before attempting motion.

Dr. Foster stated that he had had occasion to apply leeches to the uterus, and while doing so, a leech escaped into the cavity of the uterus, and inquired of members if they had ever experienced any unpleasant results from a similar occurrence.

Dr. Griscom related a case of violent and aggravated *peritonitis*, terminating fatally, with the absence of one of the most common and characteristic symptoms, viz : tenderness on pressure. The position of the patient during illness, to obtain relief, was upon her side, and upon the edge of the bed.

Dr. Post mentioned a case of injury from a fall, occurring in a female of intemperate habits, which was interesting in two particulars, viz : the existence of peritonitis, and spontaneous emphysema of cellular tissue of the right side of the chest and abdomen. The patient was miserable after the fall, with restlessness, jactitation, extremely small and feeble pulse, and talking incoherently. Post mortem examination revealed the existence of peritonitis, with adhesions of intestine, and effusions of serum into the cavity of the peritoneum and pleura. The liver was enormously enlarged, to twice its natural size, and of a yellowish color.

Regular Meeting, January 17th, 1846.

Dr. Buck reported having removed a *testicle* for a disease of an unusual character. The disease had existed for two years, and had attained its present size during the first year. Its general form was that of the testicle, over which the scrotum moved freely. There was, also, distinct fluctuation at its upper part, and painful at its anterior part. The disease presented more the appearance of hydrocele, with the exception of its being transparent, and troublesome only on account of its size. Dr. B. visited the patient with the view of opening, by injection for hydrocele, previously to which, however, he made an explorative opening through the covering of the testicle, a bloody fluid only escaping. The incision was extended, when a soft matter of a brownish appearance escaped, which led to the belief that the testicle was disorganized. The operation was then deferred, and in a few days, the testicle was removed, presenting a brownish red appearance, and bands crossing it. The cavity of the tunica vaginalis was filled with this substance. The *tun. vag.* itself, had become thickened to the size of a quarter of a dollar; posteriorly, it was studded with tubercles; a few, also, were found in the body of the testicle. The other testicle was tender, of an irregular shape. Dr. B. mentioned the case of a man in the hospital, with an opening in the larynx, above the cricoid cartilage; and that he had been wearing a silver tube, similar to those usually worn in such cases. The Doctor suggested what he deemed an improvement, which was, that the tube should not only be longer, but should have an opening in the upper part of the shoulder-piece, to enable him to speak, and to prevent the dust from entering.

Dr. Post related, in detail, a case of *variola*, occurring in a child seven years of age, who had been vaccinated in September, and had not healed when seen by Dr. P. three months afterwards. Five days after re-vaccination by Dr. P., performed whilst a brother was lying ill with variola, the child was seized with symptoms of variola; the disease progressed, and on the eleventh day of the variola, which was confluent on the feet, distinct on the face and body, and coherent on the limbs, the vaccine pock had progressed, and had only attained the size and appearance of a vaccine pock of the seventh day. In conclusion, Dr. P. remarked, that the virus of the first vaccination was impure; secondly, that the variola had not been modified by either of the vaccinations. Dr. P. reported having been called recently to see a child in the last stage of *croup*. The disease had been rapid in its course; was seen by Dr. P., on the third day from the time of attack, when he found the child nearly moribund; the eyes were thrown upwards, and the breathing difficult, &c. *Tracheotomy* was performed, and a tube introduced. The breathing improved, became easy and natural; the countenance brightened, and there was a decided amelioration of all the symptoms. This condition of things did not last, however, but for six hours, when it became necessary to remove the tube, on account of its having been choked up with tenacious mucus. The tube was replaced, but owing to the great and increased difficulty of respiration, it was again removed, and the lips of the wound were kept open by the use of probes. Dr. P. remarked, that the chest had been examined before the operation, and that no flatness on percussion existed, but that the respiration was feeble.

Dr. P. also reported a case of *asphyxia*, in a new-born child, with a detail of the labor, which had been tedious, it having been a foot and breech presentation; after the body had been delivered, the head had been retained half an hour after the pulsation in the cord had ceased. The child was immersed in a warm bath, previously adding a bottle of whisky; whilst holding the child, the Doctor produced artificial respiration, and continued it for half an hour, when a feeble gasp was observed, and in the course of another half hour, the breathing was established. The length of time that the child remained in the bath, was half an hour. Previously to removing the child from the bath, he had observed a strong pulsation in the cord, which was allowed to bleed a few drops—pulsation was noticed in the radial artery—at evening, Dr. P. called and found that the child had improved in appearance—continued to swallow, moved its limbs; the respiration was hurried, and not deep; the child had not taken the breast—had passed meconium freely, also had urinated. The child cried so strongly, that a drop of the *tincture of opium* was directed to be added to four teaspoonfuls of aniseseed tea, of which one teaspoonful was ordered to be given every hour—the dose was administered—the child became quiet almost immediately, was shortly afterwards seized with convulsions, and died fifty-four hours after its birth.

Dr. Blakeman reported a case of *Purpura Hemorrhagica*, with hemorrhage from the uterus, in a young woman twenty-six years of age. Stimulants and astringents had been used prior to being seen by Dr. B. Calomel and saline purgatives were then used, and the patient recovered.

Dr. Buckley reported two cases of *Dysentery* occurring in children two and a half and five years of age—was called ten days before New Year's to the younger child, with symptoms of dysentery; the patient died in three days. He had observed the older child at the time of attending the younger, and it appeared well, with the exception of looseness of the bowels—was called in the evening to the child, with dysentery and fever; continued to get worse, and was exceedingly low with typhoid symptoms, but is now convalescing. Treated the patient with soothing remedies; opium internally, and enemata. There was a third child, in the same house, sick with the same disease; was treated by another physician and died. Dr. B. also used *Nit. Argenti*, saturated with laudanum, from which he had observed decided benefit.

The above disease had been ascribed to *miasmatic* influence, there being an old well in the yard, which was used but very little, and which was offensive to the smell. Also reported having succeeded in vaccinating a child from a scab which had been lying in a drawer for six months.

Dr. Green stated that he had succeeded with a scab twelve months old.

Regular Meeting, February 7th, 1846.

Dr. Foster mentioned having been called to see a lady, five months advanced in pregnancy, who was threatened with *abortion*. She had some pain, with hemorrhage, &c.—administered an anodyne; after flooding considerably, he checked it by plugging the vagina. The *os tincæ* was dilated larger than half a dollar, and the *ovum protruded*—in examining, three days after, he found the *os tincæ* contracted so as barely to admit the end of the finger.

Dr. Post mentioned that he had been consulted during the month of December, by a gentleman, with *Stricture of the Œsophagus*, which had gradually progressed to that degree, as to oblige him to live mainly upon liquids and soft solids. The patient remained under Dr. P.'s charge for several weeks—he had emaciated and become enfeebled.

The patient left to go into the country, and there placed himself under the care of a person who treated him according to the Thompsonian system After being there a few days, he suddenly expectorated a half-pint of blood mixed with pus; after this, he could eat solids. There was dullness, with ægophony behind and below the scapula of the right side. The cause of the stricture, in the opinion of Dr. P., was the rupture of a tumor or abscess, pressing upon the œsophagus, which had opened into the bronchi of the lungs; and the contents being expectorated, the stricture was revealed.

Dr. P. also related the case of a colored man, who had his thigh amputated in the hospital by Dr. Cheesman, for disease of the knee-joint. He mentioned the case to show with what rapidity the disease had progressed. The patient had been occasionally complaining of pain in the joint for several years, but not to that degree as to require a respite from his daily avocations. Two months ago the pain became worse, and he was obliged to give up work, ascribing the increase of pain at the knee to a slight injury. The disease progressed rapidly, and he was obliged to have the limb removed at the thigh. There was a complete dislocation of the tibia and patella—the articular cartilages were also destroyed. There was an abscess above the knee, involving the thigh bone, and lying beneath the periosteum.

Dr. Buel reported several cases to show the tenacity of the infection of scarlatina, occurring four weeks after the rooms had been thoroughly cleansed and ventilated, yet several persons in succession contracted the disease.

At the *regular meeting* of the Society, Feb., several cases were reported, which have already appeared in our Journal (vol. vi., p. 352, etc.).

Dr. Stewart introduced a young man 18 years of age, who was afflicted with congenital *eversion of the bladder*. As is always the case in such patients, the anterior walls of the abdomen and bladder were wanting. The posterior walls of the bladder were florid, being somewhat irritated by friction, and protruded, showing on its lower surface the mouths of the waters, from which the urine flowed in interrupted drops.

Dr. Dubois mentioned the case of a child who had died after an illness of 18 hours. The symptoms were dyspnœa, with heat of skin—death, preceded by a slight convulsion, was sudden and unexpected. *Autopsy.*—The thymus gland was found to extend from the cricoid cartilage to the lower end of the sternum, 2 3-4 inches in length, by 3 1-2 in width, and weighing one ounce, the ordinary weight being only four drachms. The lungs were healthy.

Dr. McCready mentioned a case in which a foreign body, impacted in the rectum, caused symptoms simulating piles. A gentleman, whilst at stool, was seized with violent pain in the fundament, which he attributed to hemorrhoids. The pain continuing, he sat in warm water half an hour. No relief being procured, no piles being visible, an examination was instituted, and a sharp body was discovered, which had been forced down until its point had caught in one of the folds of the mucous membrane, and which lay transversely across the gut near its orifice. On being extracted it proved to be a *bone of the head of a codfish*, over an inch long, which the gentleman had swallowed three days previously. Dr. McC. likewise mentioned a case of what proved to be Typhus Fever, in which most of the characteristic symptoms were absent, or but slightly marked, while the patient, a young man, suffered several paroxysmal attacks closely resembling hysteria in the female. The patient died.

Dr. Buck exhibited a recent *dissection of the perineum and genito-urinary organs*, with the view of showing the manner in which the superficial fascia of the perineum is continued upon the penis, forming a membraneous sheath, that closely adheres to, and envelopes, the *corpus cavernosum.* At the same time that it encloses between its layers, the *corpus spongiosum urethræ*, and is interposed between the extremity of the corpus cavernosum and the glans penis. This same sheath is also continuous from the dorsum of the penis at its root, to the symphisis, and forms the triangular, or suspensory ligament of the penis. The specimen consisted of a section that presented the inferior aperture of the pelvis, from which the integument, and the cellulo-adipose subcutaneous tissue, had been removed, as well as the masses of adipose and cellular tissue, that fill up the ischio-rectal fossæ, bringing into view the muscles of the perineum invested with their proper aponeuroses, which is termed the fascia of the perineum or the inferior fascia of the perineum ; also, the ano-penic fascia. Dr. B. remarked that the minutest description of this fascia was found in Velpeau's Surgical Anatomy, which represents it as continuous with the fascia lining the walls of the Ischio-rectal fossæ, and extending downwards, over the posterior edge of the transverse perinei muscles, thence forwards over the inferior surface of these muscles as well as of the ejaculators and erectors ; laterally it is inserted into the edge of the rami of the ischium and pubes, and forwards, it is lost upon the penis, forming a sheath to it, between the ejaculator and erector on either side. This fascia sends upwards a septum that unites to the triangular ligament, thus forming three distinct sheaths, independent of each other, but founded anteriorly in the general sheath of the penis. The middle sheath embraces the two ejaculators, with the bulb and corpus spongiosum, the lateral sheaths embrace the erectors with the crura of the corpus cavernosum.

Morton, the author of a recent English Treatise on the perineum, describes the fascia as continued forwards into the scrotum. Dr. B. remarked, that the peculiar manner in which this fascia forms a sheath to the penis, and also forms the suspensory ligament of the penis, had not been hitherto described by anatomists, and to this point he wished to call the attention of the Society. He showed from the specimen exhibited that the lateral insertions of this fascia, into the rami of the ischium and pubis, as seen in the perineum, were continued forwards on either side of the penis, approaching each other till they meet at the symphisis, above the penis, and extended to the upper margin of the symphisis, there forming the suspensory ligament. From these insertions, these fasciæ proceeded into the penis in the following manner: It closely adheres to, and envelopes the corpus cavernosum, and embraces between its layers the corpus spongiosum, so as to send one layer above and another below that body ; at the extremity of the corpus spongiosum, it is interposed between it and the glans penis, being inseparably united to this latter body. This peculiarity of structure allows the corpus cavernosum to be completely insolated from the corpus spongiosum, and glans, by dissecting off this membraneous sheath, the proper membraneous coat of the corpus cavernosum itself remaining entire and intact. The dorsal vessels of the penis are also inclosed between the deep layers of this fascia, and are raised with it. These branches are distinctly seen passing off on either side, forming beautiful zones encircling the corpus cavernosum, and terminating at either margin of the corpus spongiosum. The adhesion of this sheath to the sides of the corpus cavernosum near its root is looser than anteriorly. Dr. B. further remarked that important pathological deductions might be drawn from this peculiarity of structure; for example, occasionally, cases of extravasation of urine from stricture of the urethra present themselves, in which the urine, instead of distending the scrotum and peritoneum, as most commonly occurs, forms a circumscribed swelling over the pubes, above the penis. A well marked instance of this, Dr. B. related, as having occurred in the New York Hospital under the care of Dr. Post. Cases are also met with, in which urinary fistula extends the whole length of the penis, and terminates behind the corona. In both descriptions of cases, Dr. B. supposes the urethra to be perforated anterior to the triangular ligament, without the fascia in question being involved. In the former case, extravasation meeting with the least resistance along the sides of the penis near its root, extends in that direction to the pubes, where the looseness of its tissues admits of its forming a more expanded swelling. In the latter case by a more gradual process, the urine works its way beneath the sheath to the extremity of the corpus cavernosum, and there an ulcerated opening forms between it and the corona. Other pathological deductions doubtless may be drawn from further observations on this point.

REGULAR MEETING, March 7th, 1846.

Dr. DUBOIS mentioned having under his care a lady, aged 70 years, with *varioloid*—that she had been inoculated when young, since which time she had been vaccinated three times, and failing in each instance. Similar instances were stated by Drs. *Post* and *Blakeman.*

Dr. WILKES mentioned that a child had been brought to the Eye Infirmary, with a congenital cicatrix of the upper lip, simulating cicatrix (or the operation of hare-lip).

Dr. GREEN stated two instances of sudden death, and in neither case was there any satisfactory cause. One was a female, who had been delivered of a child before the arrival of a physician. The placenta was removed; there was unusual hemorrhage; the patient sank and died. The second case was a gentleman who had been subject to rheumatism. Thursday week, he complained of being ill, with pain at centre of sternum, for which he had taken some active medicine. The pain increased—was sitting up reading a newspaper, when he instantly fell back, and was dead.

Dr. BUEL stated that he had been called to a lady, who, whilst eating prunes, imagined that she had swallowed a prune-pit, which had stuck in her throat. An emetic had been administered, but producing no relief, a probang was passed, and the Doctor supposed to have met with an obstruction at the cardiac orifice of the stomach. No relief ensued; the probang was passed the second and third time, and on the last occasion the sensation disappeared.

Dr. MAXWELL related a case of puerperal convulsions occurring at the expiration of the eighth month of gestation. The subject, a delicate female, with first child. The convulsions continued unabated, and were violent for eighteen hours, when they ceased, and the patient died six hours afterwards.

Dr. GRISCOM related a case to illustrate the insufficiency of arrowroot, as an article of nourishment for children.

REGULAR MEETING, March 21st, 1846.

Dr. M'CREADY related in detail the case of a lady, a widow, who had manifested symptoms of insanity, a form of religious melancholy.

When seen by Dr. M'C., her countenance presented the expression of a person very much frightened, and sallow; breath very offensive. A purgative was ordered. The breath and expression of countenance improved after the operation of the physic. Symptoms of chorea were soon manifested, coming on suddenly. Sensibility of skin augmented—vision obscure—taste much impaired, and hearing dull—coma set in and increased, and the patient died at the end of eighteen days. No autopsy. Dr. M'C. supposed that latent disease of the brain had existed. Several cases were reported by Dr. Stone, which have been published in our May No. for 1846 (P. 350–1–2).

Dr. Post mentioned, in connection with report of *cancer of the penis*, by Dr. Stone, a similar instance of cancer, occurring in a sailor. The penis was removed, at which time there was no perceptible enlargement of glands; the parts healed, and the patient left the hospital apparently cured. Recently the patient had returned with diseased glands of the groin, those of the right having ulcerated.

Dr. P. stated a case of congenital *webbing of the fingers*. The mode of operating was after the plan of Dr. J. Kearney Rodgers, which consisted in making a flap from the dorsal side of one finger, and secondly, from the palmar surface of the opposite, and then to encircle the finger with the flap. Secondary hemorrhage ensued in this instance, which made the cure not only troublesome, but tedious.

Dr. P. related a case, which he considered unique in character, of a gardener, aged fifty-eight years, and latterly of temperate habits. Ten days previously to being admitted into the hospital, had observed a livid spot upon the lower lip, which continued to extend, until it involved the whole lip, and sloughed—attacked ear and arm also.

Regular Meeting, April 4th, 1846.

Dr. M'Cready mentioned the case of a gentleman, a free liver, who was subject to attacks of indigestion, producing violent colic; pain severe; no vomiting; pain in epigastrium; much tension of the abdomen by flatus, by ejecting which he was always much relieved; pulse 136; skin warm, tongue dry, parched, &c.; gave a purgative of calomel, followed by opium. There was always a yellowish hue of skin after these attacks—cured by *purgatives*.

Dr. Griscom stated that he had occasion to prescribe *Ung. Hydrarg.* to be applied to an erysipelatous surface, and that the apothecary made a mistake, and gave *Ung. Hyd. Potassæ*, which had been applied, with the effect of removing the erysipelas almost immediately.

Dr. Garrish mentioned a case of a female, who, wishing to urinate, stepped to an adjoining room to make use of a tub, formed from a barrel for said purpose. In so doing she wounded an artery in the left *labia majorum;* hemorrhage was profuse; she fainted; application of cold did not arrest it. He finally ligated an artery in the labia maj., which checked the hemorrhage. Dr G. also stated that he had recently delivered a woman of a child, born with two incisor teeth.

Regular Meeting, April 18th, 1846.

Dr. Wilkes reported three cases of purpura (See *N. Y. Jour. Med.* for July, 1846, p. 17.

Dr. M'Cready reported a case of convulsions, occurring immediately after delivery. The patient was a young woman, confined with her first child. The labor had been natural and easy. Child was born about 4, A. M. Patient then slept till 6, A. M., and on waking had a convulsion. She was bled to about a quart, and *Tart. Ant.* was administered without relief. A few hours after, *V. S.* was repeated, and a turpentine enema given, with cold affusion to the head, and sinapisms to extremities. At 1, P. M., no amendment, patient having had several convulsions, and no consciousness since first attack. Croton oil was now given, but without effect, the patient dying at 4, P. M. The only assignable cause was, that she had had considerable mental uneasiness and anxiety.

Dr. Bulkely mentioned a case of cutaneous disease of an anomalous character. A man thirty years of age, who had always enjoyed good health till about three weeks before attack; since then general *malaise* by pain and tingle of one elbow. These symptoms were relieved by local applications, and an emetic, but was immediately succeeded by an eruption on the trunk and in the bend of the elbows, knees, and thighs, presenting two perfectly distinct characters. On the chest, and down as far as the navel, it took the appearance of popular syphilis, or variolous eruption, at the third or fourth day, having a well-marked areola, &c. Below the navel it had the appearance of *purpura*, and was accompanied with considerable soreness—at the articulations both forms of the eruption existed together. The pulse was 90; little fever; no great loss of strength; appetite poor; stools dark colored. The first described eruption soon assumed a vesicular form, and after about five days the areola dissappeared, the soreness left him, and in a week he went out. The variola left brownish spots behind. There was no suspicion of syphilis. Dr. B. would not undertake to say what the eruption was, but thinks it may have been an anomalous case of varioloid. Dr. B. also mentioned a case of *psoriasis* in a child six years of age, in whom the disease extended from head to feet in a severe form, with considerable swelling, and desquamation very abundant, to the extent of two handsful in a night. *Sulphur* and *arsenic* had been given before Dr. B. was called. When given in the acute form of squamous diseases, these remedies always aggravate the complaint, as was the case in this instance. In the chronic stages they are the best remedies. The patient is now recovering.

Dr. Buck reported a case of fractured spine, published in our Journal for July last, p. 20.

Dr. Swett described two cases of *ship fever*, in which no ulceration of Peyer's glands existed; one of these only was seen during life, and was correctly diagnosticated, although Dr. S. had never before met with such a case. Both these cases were sailors in different ships, although they occurred at about the same time. In the case seen during life, there was a very abundant maculated eruption, having the appearance of *petechiæ*. There was high delirium, and some of the ordinary appearances of the typhoid fever which is accompanied by ulcerations of Peyer's glands. Dr. S. was of the opinion that there are two distinct forms of fever, having different causes, and predicts that there will be more such cases as these in the course of the season.

Dr. Post had been called about a fortnight since to a colored girl, who had had frequent *otorrhœa*. On the morning of the day on which he was called she was slightly delirious, and at 12 o'clock rose to furious mania. Saw her at one o'clock; she then took very little notice; there was no heat of the skin. At that time he merely gave directions to prevent injuring herself. One hour after administered a draught containing about five drops of *tinct. opii;* after which she soon became quiet and went to sleep. On calling at the end of another hour, found her dead. Dr. P. proposed trephining the mastoid process, with a view of giving vent to any collection of matter in that region; *no autopsy.*

Dr. P. related the case of a boy in the hospital, aged 15, with a severe injury of the knee. The case had been entirely neglected, and when brought to the hospital the limb was much distorted, and a large collection of matter existed, extending from the ankle to the hip, with much emaciation and hectic. The matter was evacuated, bandages applied, and tonics administered, and he improved for 4 days; after that flagged again, when it was decided to amputate the thigh. On examining the removed limb, large collections of pus were found, throughout, with disease of the cartilages of the knee joint, and a complete separation of the apophysis of the tibia. Patient is improving since the operation.

Dr. P. also exhibited a specimen of encysted *encephaloid disease*, which he had removed from the breast of a woman in the fourth month of pregnancy. It was thought best to run the risk of producing abortion, as the disease had grown rapidly during the last three months.

REGULAR MEETING, May 2, 1846.

Dr. GRISCOM reported a case of *colic* arising from indigestible food. The patient, who was under the charge of Dr. J. R. Wood, was seized with severe pain, with short intermissions, pulse 130 to 140, tongue dry and brown, bowels obstinately constipated, no passage having been obtained by the administration of calomel and jalap, salts and senna, croton, oil, and enemata; a large enema was given, which produced evacuations, but this was followed by vomiting, which continued in spite of remedies. The patient was seized on Thursday; on Monday evening following, the vomiting became stercoraceous, and so completely was the peristaltic action inverted, that an injection of castor oil was returned by the mouth in four hours after it was given. He had been taking calomel and opium. Supposing that the opium might have had an influence in causing the vomiting, it was discontinued, and morphine substituted. The pain and vomiting were immediately relieved, and in 24 hours the patient was decidedly convalescent; 20 drops of morphine were given. Dr. G. also reported a case of *scarlet fever* in a man of 45 years. First saw him on Tuesday. The eruption appeared on Wednesday evening about the neck; as it extended down the trunk, it assumed in some points the appearance of small-pox, became very intense, affection of throat slight; on Friday he coughed up a little blood; his tongue was then white and livid; pulse 80 to 85, full and soft. On Saturday morning he passed bloody urine, then vomited blood, and bled from the nose; at 11 A. M. died. No purpuric eruption.

Dr. GARRISH reported a case of *uterine hemorrhage.* The labor had been natural, and the uterus remained contracted. An hour and a half from that time was called again, and found the patient fainting, pulse scarcely perceptible, and uterus full of coagula; poured cold water upon, and applied ice to, the abdomen; introduced the hand into the uterus, but could produce no contraction. At length, however, there came on an hour-glass contraction, so that the hand could not be carried to the fundus; introduced the hand full of ice and carried it to the part where the hour-glass contraction relaxed, and then the womb contracted regularly, and the hemorrhage stopped.

Dr. Blakeman stated the case of a man, who for a long time had been supposed to be dying with phthisis, having a cough with purulent expectoration, &c., but who, a few days since, coughed up a *hog's bristle*, with relief to the symptoms; did not know how it got into the trachea. Similar cases were brought up by other gentlemen.

Dr. Post reported a case of *Inguinal hernia*, in a female aged 32, which had existed for a long time, but always reducible till about a week before, when it became painful. There had been no vomiting, until the morning when Dr. P. saw her, and the day before she had taken a cathartic, which operated. The tumor was the size of a turkey's egg; after the warm bath, v. s., application of pounded ice, &c., it being still irreducible, the operation was had recourse to on Monday; on cutting down to the sac, a thick membrane was found, which being divided was found filled with serum and fibrin in considerable quantity. The intestine strangulated, was very small, only about the size of a filbert, and as well as the sac, covered with a thick layer of fibrin. There seemed to be no stricture except what was occasioned by the fibrin effused. The adhesions of the intestine to the sac were so strong as to render the reduction very difficult. Since the operation, the bowels have been opened by enema and once spontaneously; the wound is now suppurating and everything going on favorably. Dr. Palro stated that in the case mentioned at the last meeting, abortion did not follow the operation.

Dr. Vandervoort mentioned a case where intense tenesmus and strangury were produced by a mixture of *tinct. cantharides*, one part, and *tinct. aloes*, three parts; two doses of ʒj. each were taken.

Dr. Buel reported a case of *difficult labor* On first examination, the os uteri was found fully dilated, and the bag of waters protruding, but no presentation could be felt. Ruptured the membranes, when there was an immense gush of water, and then the knees were found to present; all went on well, until the head reached the outlet of the pelvis, when it was arrested and remained four hours without making any progress. I then made strong traction, but was still unable to deliver, and was obliged to resort to perforation. The patient is doing well; she has had but one living child in four labors.

Dr. Green reported a case of *breech presentation*, in which the head was delayed an hour in the pelvis. The child was in a state of asphyxia when born; was put into a warm bath for five minutes, then wrapped in warm flannels, and the lungs inflated. After three-fourths of an hour the heart began to pulsate, and soon after it breathed. It only lived six hours, dying in convulsions.

[*To be continued in our next.*]

Art. XI.—*History of Seven Cases of Traumatic Tetamus, treated successfully by Strychnine.* By J. W. Fell, of New York.

Dear Sir:

In compliance with your request, I herewith furnish you with the histories of seven cases of tetanus (six of them *certainly* traumatic, and most probably the seventh), which have been treated by strychnine with success. The first two were published in the New York Medical and Surgical Reporter, but as they will be more interesting in connection I send them to you. The 6th case was furnished me by Dr. Botsford, the 7th by Dr. Vanderpool, of Fourth street.

You will observe that in every case, as soon as the specific twitching was produced, the tetanic spasms abated, and they convalesced rapidly. I have found this distress over the diaphragm (caused, no doubt, by its spasmodic contraction) the most troublesome symptom in all the cases.

I would, from the experience I have now had, administer the strychnine as follows. I should at once give an eighth or tenth of a grain, then, in two hours, the sixteenth, then reducing the dose just sufficient to produce its effect after each one. The great object is to produce the twitchings as soon as possible, they can then be kept up by a much smaller dose than the one which first produced them.

Hoping they will meet your approbation,
I remain yours very truly.
J. WELDON FELL, M. D.

New York, October 9th, 1845.
Doctor Lee.

On the Use of Strychnine in Tetanus.

Case 1.—*Aug.* 1st, 1845. Visited William Ellsworth, aged 7 years, living with his parents, in Hudson county, New Jersey. Found him in a kind of stupor, but upon his father's taking hold of him, he was thrown into a violent spasm which lasted a few minutes, during which his body was curved backwards, jaws set, countenance distorted, and his body resting entirely upon his head and heels. After the spasm ceased, he complained of pain and distress over the diaphragm, jaws stiff, and almost closed, difficulty in swallowing, pain along the spine, and soreness in the left groin. The spasms were excited by touching him, or by his attempting to swallow. During the spasms the muscles were so rigidly contracted that he could be raised by his head alone.

About ten days ago he injured his left knee with a thorn. While playing a few days after, it commenced swelling, and to be painful; but by the application of some domestic remedies, the swelling was reduced, and the pain allayed. Soon after he became restless and uneasy, complained of distress about the præcordial region, pain in the masseter and temporal muscles; his voice changed, he had difficulty in swallowing, and these symptoms were attended with slight fever. These symptoms increased until yesterday, when the characteristic spasms of tetanus set in. His mother immediately applied a blister to the knee and one to the spine. The glands in the left groin were enlarged and tender.

The case was evidently one of traumatic tetanus, well developed and rapidly advancing, and demanding the most vigorous treatment. I at once determined to administer some one remedy, and to continue its use until some decided effect was produced by it. I reviewed in my mind the many remedies heretofore used, viz., opium, alcohol, turpentine, iron, digitalis, tobacco, aconite, &c. &c., and knowing they had all failed, in the majority of cases in which they had been used, I, from a suggestion of Professor Mott's, during the previous winter, determined to use the strychnine, and at once prescribed it in doses of the fourteenth of a grain, every two hours. I also ordered a poultice to the knee, and the spine to be rubbed with ung. tart. antimony. The strychnine produced its peculiar twitching effects after the fifth dose. It was given as above for two days, each dose after the fifth producing the specific effect. The intervals between the doses were now increased, until, on the sixth day, he only took it three times. He had no spasm after the second day; he convalesced slowly, until the sixteenth day, when the strychnine was discontinued, as he had entirely recovered.

I have frequently seen his father since, and he informs me the boy has enjoyed perfect health since.

Case II.—*Oct.* 4, 1846, 10 o'clock, P. M. Was called in haste to see Miss M——, of Sullivan street, aged 25 years, under the care of Dr. E. Vanderpool. Found her in a spasm; the muscles of the left side only being in a contracted state; jaws set, left leg and arm stiff, body bent to the left side, extremities cold, pulse feeble, and left side of the face distorted. Ordered some wine, as soon as the spasm passed off, and she could swallow. Dr. Vanderpool having been at once sent for, now arrived, and gave me the following history of the case. Miss M. had been suffering for several months with a bad toe, the nail of the great toe of the left foot having grown under the flesh. She had not been out of the house for months, she refusing to have the nail removed. A few days ago, however, she consented, and Dr. Vanderpool removed a part of the nail; the next day she went out riding, and directly after her return, the toe commenced swelling, and to be very painful, the pain extending up the leg, side, arm, and soon affecting the temporal and masseter muscles of the left side.

Dr. Vanderpool and myself examined and found the toe and foot much swollen and tender, the lymphatic glands of the left groin enlarged and painful, the muscles of the left side contracted, jaws stiff, but not entirely closed, difficulty in swallowing, masseter and temporal muscles contracted and painful, and uneasiness about the præcordial region; during the spasm the diaphragm was powerfully contracted. Considering this also a case of traumatic tetanus, I suggested to Dr. V. the use of strychnine in this case; he preferred, however, waiting until morning. He made a free incision upon the toe, and prescribed the following:

℞ Tinct. Assafœtidæ }
" Opii aa } a tea-spoonful every two hours.

Oct. 5, 10 A. M. Upon visiting the patient this morning, we found her much worse. Spasms more severe and frequent, jaws nearer closed, and the difficulty of swallowing greater. We gave her

℞ Strychnin. gr. j.s. }
Extract. Juglandis C., ʒ ss. } ft. pills no. xvj. one every two hours.

10 P. M. Was called in haste to see the patient, as her friends thought her dying. We found her under the specific effect of the strychnine. Ordered the pills discontinued until morning.

Oct. 6, 10 A. M. The patient slept well from 12 to 4 o'clock this morning, being the first sleep she has had in some days. She is much improved—ordered one pill every three hours.

7 P. M. Has had some slight spasms during the day; jaws a little relaxed; gave her nine whey-pills, to be continued as above.

Oct. 7. Miss M. slept well during the night, and the irritability which had been so marked, has in a great measure disappeared. The twitching is produced by each pill: it commencing about twenty minutes after taking the pill, and lasting about fifteen.

Oct. 8. No spasm since yesterday; ordered one pill every six hours; continue the wine whey.

Oct. 10. Discontinued the pills, as the tetanic symptoms have all disappeared.

Oct. 16. Miss M. is going out as usual, quite well.

The only peculiarity about this case, was the contraction being confined to the left side, making it a case of Pleurosthotonos.

Case III.—*Nov.* 15. Visited Mrs. J. of Thompson street, aged 27 years. About ten days ago she ran a needle into the palm of her hand; it breaking, a piece was left in the wound. This was removed by a barber in the vicinity within a few days; but the hand and arm continued sore and painful. Yesterday she complained of having taken cold, as her jaws were stiff and deglutition painful. During last night she had hot flushes and chills. I found her complaining of difficulty of swallowing: jaws very stiff, and nearly closed: pain and distress in the diaphragm, and some slight spasms. Ordered the following:

℞ Strychnin. gr. j
Ext. Juglandis ʒ ss. Mx. } in pill nos. xiv—one every two hours,

the hand to be bathed frequently in hot water and ashes.

Nov. 16, 9 A. M. The third pill produced the twitching. This so much alarmed the family, that they have discontinued them since. I immediately ordered them to be given again. They produced the twitching in about ten minutes, it lasting sometimes as long as half an hour.

4 P. M. Patient some better, still slight spasm.

Nov. 17. Has had no spasm since yesterday: the swelling in the hand and arm is much reduced: still painful. Ordered a pill every four hours, and a poultice to the hand.

Nov. 18. The patient slept well last night for the first time since she has been unwell. Jaws relaxed. One pill every six hours.

Nov. 19. Patient about the house as usual. Arm stiff. Ordered two pills per day.

Nov. 21. Each pill produces the twitching; but as the patient has completely recovered, I ordered them discontinued.

The hand now did well, and healed rapidly.

Case IV.—*May* 9, 1846, 8 o'clock P. M. Thomas Brown, of Hoboken, New Jersey, called at my office, and requested me to visit his sister-in-law, Miss Jane Savage, aged 16 years, then at his house, suffering with lock-jaw. On my arrival at his house, I learned that Dr. Julien had been in attendance. I at once had him sent for, and upon his arrival we visited the patient. Upon our entering the room she was thrown into a violent spasm, which lasted about a minute, during which her body was bent backward, resting upon her head and heels, her countenance distorted, and her pulse quick and irregular. After the spasm passed off, we found her jaws were entirely closed and set: pain along the spine, and over the region of the diaphragm: difficulty of deglutition and respiration, and her pulse still quick. Learned the following history: Some days since she ran a carpet-tack into her right thumb; soon after she took cold in it while washing. It commenced swelling and to be painful. It grew worse until about forty-eight hours since, when she was seized with the tetanic spasm. Dr. Julien was then sent for: he bled her, and ordered counter-irritation to the spine. This morning she was worse, the spasm more frequent and severe. He ordered an injection, and invited Dr. Hosack to see her. They visited her at 12 M., and at once ordered her to take large quantities of Sherry wine and arrow-root, and a poultice of herbs to the spine, but as she has a very regular set of teeth, and her jaws being set, and as it is very difficult for her to swallow, it was almost impossible to give it, up to the present time, and about nine o'clock P. M., her mother informs me that she has taken about a wine-glassful of the wine and arrow-root. The patient is evidently growing worse. I informed Dr. Julien of the result of the three preceding cases, and advised the use of the strychnine in this. After due consideration *he* wrote as follows: ℞ Strychnin. gr. j , Spts. Vin. Rectf. ℥j M.:—Of this 30 drops to be given every two hours. The strychnine was procured and the first dose given, at half-past ten, P. M. In about fifteen minutes the twitching commenced: it lasted about twenty: the patient then fell asleep. At half-past twelve she took the second dose, with about the same effect, again falling asleep. She continued to take the drops every two hours, until twelve o'clock M , Sunday.

Sunday, May 10. The patient, at eight o'clock this morning, sat up in the bed and fed herself with a tea-spoon, her jaws having relaxed very much, and the spasms almost ceased. At 12 M., Drs. Julien and Hosack called, and from some cause, carried the strychnine away with them, giving as a reason to the family that it would injure her health ever after, if she continued to take it. They then ordered her (now she could swallow) to take a gallon of Sherry wine a day; and said she would certainly recover. At 9 P. M. Mr. Brown called at my office, and communicated the above to me: he also said Jane had eaten a piece of beef-steak just before he left home. He asked me to give him a prescription for another bottle of the strychnine, as he was satisfied it had produced the great change in the patient. I did so, with directions to give it as before, *if there was a return of the spasms*. But as they did not return, the drops were not given.

Dr. Julien continued to visit the patient, and ordered the wine to be given in large quantities for some days.

May 16. I visited Miss S. to-day, and found her in a state of intoxication. I at once advised the wine to be discontinued.

June 10. Mrs. Savage and her daughter Jane called at my office to-day. Jane is in a complete state of fatuity. Dr. Julien has been treating her for some days without any benefit. Mrs S. now wished me to prescribe for this difficulty. I, with the advice of Professor Mott, put her upon a course of Sub Mur. Hydrarg., and applied counter-irritation to the back of the neck. This course was pursued until it produced gentle ptyalism: this was kept up for about two weeks, with decided improvement.

June 28. Mrs. S. and daughter called to-day. Jane has entirely recovered. She continued perfectly well, and was married September 20, 1846.

This was undoubtedly a case of traumatic tetanus from a punctured wound, yielding at once to the strychnine; but whether the wine or the strychnine produced the fatuity, I leave for others to decide. Why Dr. Julien carried away the strychnine (without consulting me) while the patient was improving under its use, I also leave.

Case V.—*May* 10, 1846. Visited Mrs. Andrews of Robinson street, aged 55, under the care of Dr. Condit. Dr. Conger, Sen., having been called in consultation yesterday, found her suffering with completely developed tetanic spasms, occurring every few minutes, during which her body was bent backward, countenance distorted, violent contractions of the diaphragm, and jaws set during the remissions, her jaws were nearly closed, deglutition very painful and invariably exciting a spasm, pain and rigidity of the right temporal and masseter muscles: the head was drawn to the right side, the right arm and shoulder painful, the glands in the right axilla swollen and tender. The patient, some time since, bruised her right elbow, but the pain ceased in a day or two and was forgotten. A few days since the right elbow and arm commenced to be painful, the pain extending up to the shoulder and side of the neck. She thought she had taken cold, and did not feel alarmed until the spasm commenced. This patient had been bled, and had taken tincture opii, &c. &c. She however continued to grow worse to the present time. I suggested to the above named gentlemen the use of the strychnine. They at once gave their assent, and it was given in doses of one-twelfth of a grain every two hours. It produced its peculiar effect after each dose. She was also ordered injections from time to time, as her bowels would not move without it. On the next day the dose was somewhat diminished, as its effects were very powerful. The spasms ceased after the fourth day. This patient convalesced very slowly, her arm being weak and painful for some time: this, however, may have depended upon her age.

August 21. Called and found Mrs. A. had just returned from the country; she has quite recovered. I have called several times since, and she continues quite well.

Case VI.—This case occurred in the practice of a gentleman in Sullivan Co., N. Y., and as he has kindly furnished me with a history of it, I will insert it here.

"Dear Sir:—Miss ——, of this village, aged 14 years, robust and healthy, ran a piece of bone in the sole of the foot, about the last of October. There was a little irritation about the foot for three or four weeks after the reception of the injury, and two or three times during the period there was slight ulceration; but little pain was felt by the patient until about the time she was attacked by the tetanic symptoms.

"She had, however, from time to time after the injury and previous to the tetanic attack more or less 'stiffness and numbness' in the injured leg. She states, also, that at different times during this period, 'her leg was hot and had red streaks upon it;' these lasted a day or two and then disappeared. She had nothing but some slight domestic remedies applied, until her case became alarming by the spasmodic action.

"It had been my determination ever since reading the result of your cases published in the 'Reporter,' if called to a case of tetanus, to treat it with strychnine. When my attention was called to this case, I was destitute of this medicine, and none could be obtained in the vicinity; accordingly the case progressed for forty-eight hours before the remedy was obtained and administered.

"In the meantime, I pursued the following course: There were violent pain and spasms at intervals, commencing in the affected leg, and extending along the muscles on either side of the spine to the head and jaws, violent distress about the diaphragm, with considerable sympathetic fever.

"My first effort towards subduing the disease was making an incision with a bistoury, about an inch and a half in length, and of sufficient depth to thoroughly divide the plantar aponeurosis, which was wounded by the piece of bone. I then filled the incision with lint saturated with ol. terebinth, and a bread and milk poultice to be applied over it. I then used V. S. ℥xxvj. on the leg, and administered the following: ℞ Calomel. grs. xx., Jalap. xv., to be followed by sal Epsom in two hours. After this had operated briskly and freely, I gave her a teaspoonful of Tinct. Opii every hour, with a view to subdue the spasms. After she had taken two or three doses, the spasms were somewhat relieved and the pain less. This *truce* lasted four or five hours. She became worse, although the Tinct. Opii was continued as above; her body curved more backward, her joints were set and the spasms more severe. The dose of Tinct. Opii was increased, but it failed to subdue the disease. By this time, I obtained the strychnine, and administered it with complete success; so soon as it produced its peculiar twitching effect, the spasm abated and the patient rapidly recovered: in a few days she was about as usual. The dose given was $\frac{1}{14}$ of a grain every two hours, at first, gradually increasing the intervals.

"Dear Sir:—I send you above a history of a case of traumatic tetanus I lately treated with strychnine. You are at liberty to make what use you please of it.

"In great haste, yours, &c.,
"To J. Weldon Fell, M.D. (signed) Clement Botsford.
"*Bloomingburgh, Sullivan Co., N. Y.*"

Case VII.—This case was furnished me by my friend, Dr. E. Vanderpool, and although it was not so well marked as some, still I think there can be no doubt of its having been an incipient case of traumatic tetanus.

"Dr Fell:

"Dear Sir:—The case of tetanic rigidity you request a history of, though only partially developed, is, I think, sufficiently interesting to be published, as tending to commend the use of strychnine in this most alarming malady.

"The 2d of Sept., 1846, I excised an elliptical piece of the cutis, on the radial side of the metacarpal joint of the thumb of Mrs. ——, in view of removing a cicatrix from the point of a scissors with which it had been punctured some three months previously, in hope of curing a neuralgic condition of the arm, which had been thus produced.

"On the 10th Sept., 1846, just eight days after the operation, the wound having healed, a slight but permanent contraction of the arm was noticed, with rigidity of the flexor muscles, particularly the biceps, which was painful upon pressure. That night she was unable to sleep, from the uneasiness and increase of this rigidity involving the muscles of the neck and jaws, accompanied by a 'violent cramp or drawing' in the region of the diaphragm on the affected side. These symptoms all became aggravated by attempting to extend the arm, or by any motion of the body, and produced great general distress, with nervous tremors, 'shuddering and shaking' of the whole body.

"The arm fell on the inner side, as she expressed it, corded in its whole length. Next day there was a little abatement of the above symptoms, but on the 12th she became decidedly worse, the 'cramp and drawings" being more severe.

"*Sept.* 13. I was sent for at 3 P. M. I found her sitting up; said she could not sleep on account of general uneasiness and a disposition to move the arm, which brought on an increase of the symptoms enumerated. On examining the arm, I found it a little, but firmly, flexed; the biceps was contracted, cord-like, and hardened, and somewhat tender upon pressure. Slight rigidity of the muscles of the neck on the affected side, also a feeling of 'tightness' extending from her hand to her head. From the tetanic character of the symptoms, I at once prescribed strychnine in doses of $\frac{1}{16}$ of a grain, in solution, every two hours (when awake) with a sinapism to the biceps.

"*Sept.* 14, 10 A. M. Patient has slept well through the night for the first in some time, arm a little relaxed, otherwise as yesterday; continued the strychnine as above.

"7 P. M. No improvement; ordered $\frac{1}{14}$ of a grain of the strychnine.

"*Sept.* 15, 10 A. M. Patient has slept but little during the night; complains of the 'rigidity, tightness, and drawing' of her arm; her head is drawn down towards the shoulder of the affected side, with inability to extend the jaws to the full extent, and distress over the diaphragm; ordered her to take strychnine $\frac{1}{12}$ of a grain every two hours.

"7 P. M. Has had a few twitches, characteristic of the effects of the strychnine; a little yielding of the tetanic symptoms; continued the strychnine as above.

"*Sept.* 16, 10 A. M. Patient has slept well, general improvement, contracted muscles relaxing; has taken considerable nourishment, having been unable to do so for some days.

"17. Discontinued the strychnine, as the tetanic symptoms have all disappeared.

"From this time forward, the patient continued to mend rapidly, and by the 21st was perfectly well.

"Respectfully yours, &c.,

"EDW. VANDERPOOL."

N. York, Oct. 1, 1846.

ART. XII.—*Practical Remarks on Abortion.* By JAS. C. BLISS, M. D., *of New York.*

IT is not the purpose of this paper to enter into a discussion of the pathology, or to enumerate all the causes that give rise to the premature expulsion of the contents of the impregnated uterus. The writer has not materials for a full exhibition of the phenomena of abortion, which, from their very nature, involve some of the most abstruse and difficult inquiries in pathological anatomy, and which have but recently engaged the attention of those who have the best opportunities and qualifications for such investigations.

It is intended, in presenting this subject to the reader, to direct his attention to a single point, that, in the opinion of the writer, is of considerable practical importance. It will not be necessary, therefore, to enumerate, elaborately, the causes of this unfortunate occurrence, or enter very minutely into an inquiry, how these causes operate.

The term Abortion, by systematic writers, is applied to the expulsion of the contents of the fecundated uterus, at so early a period, that the independent existence of the fœtus cannot be maintained. This, by some writers, is limited to the fifth month of pregnancy; by others, it is extended to the sixth, and even to the seventh month. After this period, and before the full term of gestation is completed, the expulsion of the fœtus, and its involucre, is called premature delivery.

The distinction, in many respects, is of practical importance, but for the purpose we have in view, it is deemed most proper to class under one general head, all cases of premature extrusion of the contents of the gravid uterus.

Most of the causes which give rise to such a misfortune, may and do occur at any period of pregnancy, and till within a short period of the full development of the fœtus necessarily involve its life.

Miscarriage is of much less frequent occurrence among active and laboring women, except from violence, as falls, blows, &c., than in those in affluent and easy circumstances, who are indolent and accustomed to indulgences. The statistics of still-born children, also, seem to show that these occurrences are more frequent with us than in the larger cities of Europe, which indicates that there are some things in the habits of our females, that predispose them to such misfortunes.

CAUSES OF ABORTION.

The following may be enumerated as among the causes of abortion, viz: any interruption in the circulation between the maternal and fœtal portion of the placenta, by which means the fœtus is not properly nourished, or the blood does not undergo those changes, which are essential to the maintenance of the functions of life. It may be occasioned, also, by a cachectic state of the mother, or an impoverished condition of the blood, which does not properly sustain the embryo; and it perishes from not having sufficient nourishment to maintain its growth and vitality. Miscarriage is also occasioned by diseases peculiar to the fœtus, which blight it in its growth, and ultimately destroy its existence. These morbid affections are often, apparently, derived from one or other of the parents. This is especially shown in some of the cases where the habit becomes inveterate, and is connected with a latent venereal taint.

Structural disease of the uterus is another cause of abortion. Fibrous or other tumors, when they exist, occasionally prevent the expansion of the cavity of the organ, and cause a separation of the placenta and hemorrhage: premature expulsive efforts are excited, and result in the delivery of the fœtus before it is fully developed. An irritable state of the uterus, by which it is thrown into action from slight causes, is likewise liable to give rise to premature expulsion of the ovum. In these cases there appears to be a remarkable impatience of the presence of anything within the cavity of the organ.

Moral causes appear frequently to lead to this misfortune, where this irritability exists, as sudden surprise, fright, excessive joy, anger, &c.

Atrophy of the placenta, by which the circulation between the maternal and fœtal portion is interrupted, is another cause of miscarriage. It likewise occurs, and probably more frequently with us than from any other cause, from hypertrophy of the placenta, apoplexy of the cells of this organ, or an effusion of blood. This phenomenon was noticed by Denman, and more recently it has been referred to by Dr. Robert Lee, who seems to have given it more attention than any obstetric writer whom I have consulted. It is abortion arising from this cause, to which I wish particularly to direct the attention of the reader. Hypertrophy and apoplexy of the placenta, it is believed, are most commonly caused by congestion of the abdominal viscera. This is shown by costiveness and irregular state of the bowels, indigestion, neuralgic pains, red and swollen tongue, irregular circulation, unequal distribution of heat, a bloated, and at times flushed, and again, pale countenance, and a highly excitable state of the nervous system. The uterus, under these circumstances, becomes very irritable, and feels every slight impression; and hence the habit of miscarriage is easily established after it has once occurred.

This condition of the body is also one of the most frequent causes of barrenness, from its being attended with painful, irregular, and profuse menstruation. The uterus in the female is the usual channel through which the morbid plethora of the system is relieved, and when obstructed and sluggish circulation takes place in the abdominal organs, nature seeks relief by frequent and profuse discharges from this organ, as, under other circumstances, relief is obtained from a plethoric and overloaded state of the bloodvessels, by a discharge from the hemorrhoidal vessels, or by a hemorrhage from the nose, or lungs. From my own experience, I am led to believe that this condition of the body, whether it gives rise to apoplexy or hypertrophy of the placenta or not, more frequently occasions miscarriages than all the other causes combined.

Females are particularly liable to obstructed circulation and congestion of the organs concerned in digestion and assimilation, from their sedentary habits, confinement, and want of proper exercise in the open air; the too free use of animal and other stimulating aliment, and tea and coffee, and vinous, fermented, and spirituous drinks. Another most frequent cause of these difficulties with us is the excessive use of indigestible aliment; the most common of which are those articles into the composition of which saccharine matter enters largely, and the various forms of warm or fresh bread-stuffs, which are so abundantly used in the community. The constant presence of these substances in the stomach gives rise to morbid action in this and the abdominal organs, and not only lays the foundation of the evils of which we are treating, but of many others. The viscera, which under these circumstances suffer, being supplied with nervous influence from the ganglia of the great sympathetic nerve, a highly excitable state of the nervous system is developed, rendering the individual susceptible to every moral and physical impression, which is again promptly conveyed back to the original seat of disease, giving new character and force to the morbid action with which these organs are affected.

In these disordered actions the uterine system becomes involved, and in many cases exquisitely sensitive, and hence impatient of every stimulus, and is thrown into unnatural excitement from very slight causes, and especially by the presence of the ovum after conception. An undue determination of blood takes place to the uterus, and its appendages; the involucra of the embryo is gorged with blood, partial detachment takes place, hemorrhage follows. The uterus is excited into action, and the contents are expelled.

A morbid condition of the uterus depending upon disordered state of the digestive apparatus, is a frequent cause of barrenness in married females; and we are daily called upon to prescribe for unmarried females who are suffering from too frequent, profuse, or painful menstruation, connected with a crowded state of the bloodvessels of the digestive organs, and consequent derangement in their functions.

TREATMENT OF ABORTION.

Prevention.—I have been accustomed for a long time to treat this difficulty with a good share of success, on principles founded upon the above view of its causes.

One of the remedies relied upon has been blood-letting, carried to the extent of relieving the embarrassed circulation. This has been practised early after conception has taken place, and repeated as circumstances and the condition of the patient seemed to require. The secretions from the bowels have been kept free by mild, aperient medicines, as castor oil, magnesia, pills of rhubarb, soap, and soda, or by the natural or artificial mineral waters. The latter in many instances have been found particularly beneficial in their gentle effect in promoting the secretions, equalizing the circulation, and invigorating the digestive functions. If administered at an early hour in the morning, on an empty stomach, an hour or two before rising, they, in general, will not disagree. If they should occasion flatulence, pain, uneasy or discontented state of the bowels, they should not be persisted in. In some instances, all kinds of laxative medicines irritate the bowels, and in these cases they may be kept free by injections of cold water, or mixed milk and water. If these prove insufficient, the irritation occasioned by laxative medicines may generally be allayed by combining them with conium, or hyosciamus. The shower-bath, or cold dash, in cases where it is followed with re-action, and a glow on the surface, has been practised with great advantage. Where re-action does not take place readily after cold bathing, the tepid bath can be substituted with advantage. To bathing should be conjoined frictions with the flesh-brush, and other remedies to excite determination to the periphera of the circulating system, and thus relieve the overloaded vessels of the internal organs. Care should especially be taken to maintain warmth and circulation in the lower extremities, from the direct and immediate sympathy such irregularity has with the functions of the womb.

The patient should be directed food which is light, and easy of digestion, and cautioned against all stimulating drinks, and irritating and indigestible aliment. She should be directed to retire to rest early, to be regular in all her habits, and avoid everything bordering on excess. Moderate exercise in the open air will be found of great importance, and almost indispensable. Carriage-riding, in general, will be preferable to horseback exercise, or walking; at least this will be found the case with females of the habits prevalent in our large towns.*

It is a matter of great importance that the patient should preserve a perfectly equable state of mind, and avoid all those moral causes which may give a sudden shock to the nervous system, and what is sure to be conveyed to the uterus, and excite unnatural action in that organ. The importance of the patient exercising a perfect control over the moral susceptibilities cannot be too strongly insisted upon, as every day's experience shows that strong impressions made upon the mind are among the most frequent exciting causes of miscarriage.

THREATENED ABORTION.

When the uterus is thrown into action with or without a sanguineous discharge.—In a large proportion of cases the threatened danger is to be treated by blood-letting, which should not be omitted unless there are strong reasons for not producing it. The patient should be confined to a horizontal position, kept perfectly quiet, and directed to avoid heated or stimulating drinks, and confined to low diet. After blood-letting great benefit is derived in quieting the action of the uterus by the exhibition of opiates. An anodyne enema or suppository has advantages over the preparations of opium given in any other way. This manner of using the remedy is especially to be preferred where there is strong bearing down pains, or where opium disagrees, as it frequently does, with the stomach, or where it is liable to create material disturbance of the nervous system. After the action of the uterus is quieted, and the hemorrhage, if it exists, checked, the patient should be cautioned against returning too suddenly to the habits of health, which should be resumed very gradually and cautiously, lest untoward symptoms should be again expected.

Hemorrhage after the expulsion of the fœtus.—It often happens that flooding continues after the expulsion of the embryo or fœtus. Sometimes it will occur for days, and even weeks, and the patient become reduced to an extreme degree of weakness and exhaustion. Sudden, profuse, and alarming hemorrhage occasionally happens immediately after the escape of the fœtus, or at a period more remote, and sometimes it will continue to recur again and again; the patient will swoon and apparently be in jeopardy of life. In most of these cases the discharge is produced and kept up by the detached placenta or by a portion of it, or by coagula lodged in the mouth of the uterus, which if removed as it generally can be by the fingers, the flooding will immediately cease. I have never known the removal of the offending body lodged in the mouth of the womb, fail of arresting the hemorrhage, even when a portion of the placenta still remained in the uterus, which is often the case where miscarriage takes place in the early period of pregnancy.

TREATMENT AFTER ABORTION.

In general there is too little attention paid to females after an occurrence of this nature, and they are themselves very often extremely reckless and unwilling to submit to the restraints imposed upon them by their medical attendants. Persons who have the state of system before described require to be managed with as much care and prudence after miscarriage as after delivery at the full period of gestation. They should be kept in a state of quiet and repose, and the same precautions taken to prevent unfavorable occurrences as in lying in. In many instances premature exertions, particularly a long walk, going up and down stairs, being much upon the feet, or mental excitement, have been followed by most unpleasant consequences, such as long continued weakness of the uterus and its appendages, menorrhagia, hysteralgia, irritability and chronic inflammation of the organ. From having seen these consequences repeatedly ensue, I have been accustomed to urge upon my patient the same precautions and care as after confinement at the full period, and where the advice has been followed the result has confirmed the wisdom of the course.

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* This perhaps will not be found true with ladies in Great Britain, who are accustomed to walk for exercise much more than those of this country.

PART SECOND.

Critical Analysis.

ART. XIII.—*Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment.* By BENJAMIN PHILIPS, F. R. S., etc., Phil. Lea & Blanchard, 8vo., pp. 350.

(Continued from p. 252.)

As to predisposition, we cannot at present say in what it consists, nor even indicate the characteristic signs, except those constituted by organic or functional changes, which show the actual existence of the disease. Its existence may probably be real, but it has no positive or constant external signs, by which its existence may be made known.

The question has arisen, whether the existence of any other disease in the parent is capable of developing scrofula in the offspring. The result of investigations on this point shows, that a feeble constitution is a favorable, though not a necessary or indispensable condition for the development of the tuberculous cachexia; that a feeble constitution is more likely to be the offspring of diseased than healthy parents; but that we cannot point out the causes in the parent which tend most to entail feebleness upon the child, nor what kind of disease or feebleness in the parent tends most to induce the development of scrofula in the child.

It has been maintained by many writers, as Camper, Hall, Portal, Hufeland, Alibert, &c., that a syphilitic taint in the parent tends to produce scrofula in the child; but it is well known that these diseases are independent of each other—that scrofula is rife where syphilis is rare. Syphilis affects all periods of life, scrofula is more confined to a particular period. Hereditary syphilis is manifested at, or soon after birth; scrofula rarely before the second or third year. Syphilis is rarely cured spontaneously; scrofula often disappears at the age of puberty. And lastly, syphilis usually yields to mercurial treatment; scrofula does not.

Mr. P. doubts whether conception happening during menstruation tends to produce scrofula in the child, or that the age of parents influences the development of the disease in the offspring, except that the children born of parents advanced in life are likely to have less vigor of constitution, and therefore more liable to be unfavorably affected if exposed to those causes that generally produce scrofula.

Too frequent intermarriages—" marrying in-and-in "—has been supposed to favor the production of scrofula. Mr. Carmichael cautions against frequent and close intermarriages; "for," says he, "they are generally followed by a puny race, and scrofula, in one shape or another, seems to be the punishment inflicted for this breach of the organic laws. Hence the more frequent occurrence of this disease amongst the privileged orders of society," &c. Mr. P., however, doubts whether we have any clear evidences of the bad consequences either on the mind or the body, of frequent intermarriages. In proof of his position, he alludes to the inhabitants of the Isles of Portland, Man, and the Channel Islands, to the Jews and Quakers, all of whom marry within a narrow circle; and his conclusion is, that intermarriages among healthy persons tend to no such result as the production of scrofula, although it may lead to other bad physical consequences.

It is still a mooted point, whether the milk of a scrofulous nurse tends to produce scrofula in the child. Mr. P. thinks we have no evidence in favor of such a belief, although he says he would be unwilling to have a child of his own suckled by a scrofulous nurse. But if we have no proof to show that the disease may be propagated in this way, we certainly have none to show that it cannot. It is, therefore, the part of wisdom to follow the safer course, and avoid scrofulous nurses. As to the effects of menstruation, M. Raciborski has shown that it does not exercise any influence upon the number or the size of the milk globules. The reaction of milk continues to be alkaline during the whole time of the menstrual evacuation. The only sensible modification that the milk seems to experience under the influence of menstruation, consists in the diminution of the quantity of cream. It is to this peculiarity also, that we must attribute the bluish aspect which milk presents in women at the menstrual period. This modification does not, however, seem to exercise any injurious influence on the health of the child.

Mr. P. also arrives at the following conclusions, viz:—

1. There is no proof that any form of contact or inoculation exercises any influence in the production of scrofula.
2. The development of scrofula is not known to be so influenced by climate or temperature, as to bear any definite relation to the warmth or coldness of the country in which the disease is found.
3. Neither the general mortality, nor the deaths from scrofulous diseases, bear any definite relation to the closeness with which the population is crowded together, whether the comparison is made between one town or district and another, or between different portions of the same town or district
4. Particular occupations and social conditions exercise a greater influence on health and the duration of life, than is produced by impure air or insufficient ventilation, but they do not operate in the production of scrofula, in the sense of a specific agent, or of a direct cause.
5. The general mortality and the deaths from particular diseases bear a close relation to the poverty of the population, and to the vicissitudes or alternations of prosperity or adversity to which they may be exposed; whilst wealth and station, which insure to the more elevated classes of the community abundant food, ample clothing, convenient and well-ventilated dwellings, and pure air, are nevertheless unfavorable to longevity; and the industrious laborer, whose toil insures steady remuneration, and whose temperate habits and pro-

vident character insure him the necessaries of life, good of their kind and ample in quantity, is in the condition the most favorable to long life and uninterrupted health.*

6. *Diseased nutrition* is the general cause of that condition of the system, called scrofula, but it originates in various agencies, either acting separately or associated together. Thus the inheritor of a feeble frame may owe to that circumstance an impaired digestion, however carefully he may be reared, or his food be adapted to his condition. His occupation may have been so long continued, or of such a character ; or impure air may have been so constantly respired, as in either case to derange the digestive functions ; or, if no one of these agencies shall, in itself, have been sufficiently active to induce the disease, they may have been associated together, and so impaired the functions of digestion, as to lay the foundation of scrofula ; even, perhaps, in cases where the food has been abundant in quality, and judicious in kind. But the cause of diseased nutrition at that period of life, when the seeds of scrofula are sown, is, in the vast majority of cases, insufficient food, or improper feeding ; and that these stand to the disease, in the relation of cause, is shown by the fact, that wherever food is abundant in quantity, and of a good quality, there scrofula is rare ; and wherever the reverse holds good, there the disease abounds. It is well known that those who live almost exclusively on *vegetable food*, are less robust, and exhibit a greater tendency to scrofula than those who subsist on a mixed diet of animal and vegetable food. We attempted to show in former numbers of this Journal (on dietaries), that the great cause of scrofula in our orphan asylums, and at the Long Island Farms, was the want of a sufficient quantity of animal food ; and further observation and experience have confirmed us in this opinion. The bread and meat that are furnished, are of too coarse a quality, and by no means adapted to the delicate digestive organs of the young inmates. Their school and sleeping rooms, moreover, are badly ventilated ; and if to these are added a want of proper exercise, we shall not wonder that more than half the entire number exhibit marks of scrofulous disease. One of the great, if not the most influential cause of scrofula in this city, is the use of milk of cows fed on distillery slops, and confined in close stables. Under these circumstances, nearly, if not all the animals, become diseased, generally tubercular ; the milk undergoes important changes in its composition—its specific gravity is lessened ; instead of alkaline, it becomes *acid*, and the amount of oil and caseine is about one-third of the usual quantity in healthy cows, fed on grass and other natural food. The nutrient properties of milk depend chiefly on oil and albumen, but there is so little of these in slop-milk, that it is incapable of making butter or cheese. Now, when we consider that nearly three-fourths of the children born in this city, are sustained wholly, or in part, on artificial diet, in which distillery slop-milk often forms a considerable portion, we shall cease to

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* One very remarkable result of Mr. P.'s investigations is, that children employed in factories are far less disposed to scrofula than those residing in rural and agricultural districts. Thus, of 401 children examined in one factory, 8 only were found exhibiting signs of scrofula ; in another employing 504, 6 were affected ; in 234 in another, 5 ; in 337 in another, 4 ; in 199 in another factory, 3 : thus giving but 26 children out of 1475 of this class who were scrofulous. Of 5754 factory children, examined by Messrs. Homer and Saunders, 905, or 13 1-2 per cent., had marks of scrofula.

wonder that scrofula is so frequent a disease among the lower and middle classes of our population. We do not agree with Mr. P., that the advantages to the health of the community, which have been held forth as the result of improved drainage and ventilation, have been exaggerated; but we hold to the opinion, which he has also expressed, that impure air and stagnant filth are noxious agencies, and that the dwellers in our crowded thoroughfares will be benefited by their removal. We believe, moreover, that there are, among manufacturing operatives, agencies at work in deteriorating the health, no less influential than bad air, and innutritious food; such as great alternations of prosperity and adversity; sudden and extreme vicissitudes; large earnings to-day, succeeded by half or no work to-morrow; uncertainty of occupation; irregular habits and intemperance.

Treatment of Scrofula.—To prevent or cure scrofula, is the practical object of all our investigations upon the nature of the disease, and as prevention is better than cure, let us inquire how this may be done, if indeed it be possible.

And first, may be mentioned, *well assorted marriages*, that is, those contracted by parties in health and vigor; as their offspring are far more likely to be sound and healthy than the offspring of diseased and debilitated parents. As tight lacing interferes with the healthy discharge of the most important vital functions, and necessarily endangers the health of the offspring, it should be regarded as one of the most prolific causes of scrofula, and therefore sedulously avoided.

In the next place, the first food of a child should be derived from the breast of a healthy woman. In our cities but few mothers, as has already been remarked, wholly nurse their infants; consequently, they provide more or less artificial food, which is often of an unsuitable nature, as bread, crackers, flour, and cow's milk. When we compare the composition of the latter with that of human milk, we find it very unlike the child's natural food; for example, cow's milk has in it, of

Caseine,	4.48 to 8.95
Butter,	2.68 to 3.13
Sugar of Milk,	4.77 to 5.68
Water,	84.69 to 87.02

While that of woman contains of

Caseine,	1.82 to 1.95
Butter	3.55 to 8.97
Sugar of Milk,	1.20 to 6.50
Water,	82.90 to 87.98

Thus, if we dilute cow's milk, which, though richer in some materials than woman's milk, is it still poorer in others, we may reduce one element to its proper standard, but we have another below it, so that it is after all very dissimilar. Besides it usually happens that many cows concur to furnish food for a single child, which is more apt to disagree than the milk of a single cow; and then, probably, several hours have elapsed before the child gets the milk, so that it has undergone a separation into several parts, and is no longer a homogeneous fluid, like that drawn from the mother's breast; or, previous to use, it has undergone sufficient heat to coagulate the albumen, and thus rendered more difficult of assimilation. But if the milk has been obtained from cows shut up in close, filthy stables, and fed on distillery slops, it is a rank poison, and a great portion of the milk, used in this city, is still of that description. Again, if the milk itself, or whatever the food is, be unexceptionable, the mode of taking it is usually objectionable. The nearer the food can be assimilated to the act of sucking, the better, because the act of drawing the food from the woman's breast causes a pressure upon and an excitement of the salivary glands of the child ; saliva then flows into the mouth, and is mixed with the food, which is thereby rendered more fit for the process of digestion ; unless that effect accompany artificial feeding, one of the essentials of proper nutrition is not accomplished—a nursing bottle with a cow's teat or one of India rubber attached is far preferable, therefore, to feeding from a spoon. Again, the mother's milk undergoes changes from month to month ; the caseine increases, and the sugar diminishes, so that the milk, which might be proper at the early period, would not be equally proper at the later one. Besides, the natural food of the child is very quickly assimilated, and soon passes rapidly out of the stomach, so that frequent feeding is necessary ; if this be neglected, the stomach gets irritated, and nutrition is deranged. The cutting of teeth is nature's indication that food of a more substantial and animalized kind is needed. It would be absurd to attempt to frame a universal standard of food, as what is best under one train of circumstances, may be far from best under another ; climate, and other agencies require judicious changes in diet and render particular modifications proper. We agree with Mr. P., that man's organization makes it evident, that his economy is adapted for the assimilation of animal food, and it seems in the highest degree irrational and absurd to maintain, that animalized food (milk) is necessary during the first year of life, when the calls upon the child's system are certainly not greater than they are in the subsequent three or four years of life, while in the succeeding period, rice, or potatoes, or bread, are his proper food. There is no greater physical curse than Grahamism, fully carried out—as soon, then, as the child is weaned, it should have a due proportion of animal and vegetable food ; the proportion, of course, varying with the individual and with surrounding circumstances. It is not, however, sufficient to insure a healthy constitution, that the stomach should be supplied with appropriate nourishment, the lungs should be furnished with good air, both by day and by night ; no matter what the food may be, health cannot be ensured unless it be properly assimilated, by undergoing the necessary changes in the lungs ; and these changes cannot take place, without a suitable supply of oxygen ; or there may be poisonous emanations, as the sulphuretted and carbonated hydrogen gas of cities, disseminated through it. This air, then, for the young, must be pure, and it must be freely supplied, and not only so, but after ensuring pure blood, by good food and good air, we must employ means to make it circulate through the body with necessary vigor. In other words, active exercise is necessary ; good food, good air, good exercise, these, then, are the essentials of good health—the great preventives of that proteiform disease, that we call SCROFULA.

The *curative treatment* of scrofula is still involved in great doubt and difficulty. Physicians have, in early ages, been seeking for *specifics* for its use, and yet we have reached the middle of the 19th century and no such medicine has yet been found. *Touching* for the disease was practised by the kings of England, as far back as the time of Edward the Confessor, 1041. This prince is recorded to have cured 182 persons. The gift of healing was a privilege claimed to belong to the kings of England from time immemorial, and was attributed by many to the anointing their hands received at the time of the coronation. Brown tells us Cromwell tried, in vain, to exercise this royal prerogative; "he having no more right to the healing power, than he had to the royal jurisdiction." In the time of Charles II. the belief in the efficacy of this practice was universal, 92,107 persons having been "touched" by the king in 12 years. It seems that a small bit of gold was given to all who were touched, and this accounts, perhaps, for the extraordinary number, without supposing that all really were afflicted with the disease. One of the very last persons "touched," was the celebrated Dr. Johnson by Queen Anne, 30th March, 1714; on the 1st of August ensuing she died, and the ceremony has been discontinued since the accession of the House of Brunswick.

Strange as it may seem, the practice was followed by very frequent and astonishing cures. Wiseman and Brown, who wrote on the disease, and were contemporaries with Charles II., speak of numerous cures of which they were eye-witnesses. Wiseman holds this language: "His majesty cureth more in any one year than all the chirurgeons of London have done in an age." Again he says: "I myself have been a frequent eye-witness of many hundreds of cures performed by his majesty's touch alone, without any assistance of chirurgery, and those many of them such as had tried out the endeavors of able chirurgeons before they came thither. It were endless to recite what I myself have seen, and what I receive acknowledgments of by letter, not only from the several parts of this nation, but also from Ireland, Scotland, Jersey, and Guernsey." When we consider that the ceremony was accompanied with a religious ritual, which was calculated to make a strong impression on the imagination of the patient, and increase his confidence in the means employed, we shall not be surprised to learn that many cures resulted from the practice. May it not have been owing to the same cause that *viper's flesh*, the *scorpion*, the *lizard*, the *touch of the dead felon's hand*, *drinking out of human skulls*, &c., all of which have been formerly employed for the cure of scrofula, acquired a degree of reputation, and were apparently influential in dispelling the disease. Galen tells us that "confidence and hope do more good than physic, and he cures most, who but acquires and retains the patient's steadfast confidence." Hahnemann well understood this principle, and Dr. Schubert, his intimate riend, tells us that he (H.) "always promised a cure," and that "this was done to secure the unlimited confidence of his patient." "He then dosed them with sugar of milk and restricted their diet." It should, however, be recollected, with regard to scrofulous patients, who suffer from enlarged glands in the neck, a large proportion get well under almost any rational plan of treatment.

The remedies, whose virtues in the treatment of this disease are discussed by Mr. P., are mercury, iodine, muriates of baryta and lime, burnt sponge, alkalies, cod-liver oil, sea side influences and season, and general plans of treatment.

With respect to *mercury*, Mr. P. thinks that under ordinary circumstances it is incapable of curing scrofula, or removing it from the constitution, but that it may be usefully employed, associated with other medicines, according to the symptoms of the disease. He thinks that the *bichloride of mercury* given in minute doses, as the $\frac{1}{20}$th of a grain twice a day, with sarsaparilla, will not yield in efficacy to iodine, baryta, or other medicines which at present enjoy a more extensive reputation. Its influence is always injurious when given so as to lower the general powers, whether by profuse purgation, or by salivation.

There is no remedy which enjoys so high a reputation in scrofulous affections as *iodine*, and yet we agree with Mr. P. that it is no specific in the disease, and that unless other influences are brought to bear at the same time, it will rarely serve to eradicate the scrofulous taint. The praises which Lugol bestowed upon it were extorted by the recovery of 35 out of 109 cases in which it had been used; and yet Mr. P. tells us that an equal number will recover under no other treatment than good food, good air, suitable clothing and proper exercise. These, however, are but little regarded by the believers in the specific virtues of medicines, as the homœopaths;—always to be used, but never to enjoy the least credit. Who ever knew a disciple of Hahnemann willing to divide the credit of a cure between hygienic measures, general regimen, and his infinitesimals? No one. Mr. Baudelocque says that he cured 15 out of 67 scrofulous girls by iodine, and relieved 14; of the 67 cases, 17 had only enlarged glands; in 16 there was abscess; of these, 8 were cured; of 30 cases of caries, 4 were cured. Mr. P. thinks, however, that iodine is sometimes useful in scrofula, not from its exerting any specific action, but by its general alterative effects; under its use we see the tongue become cleaner, the appetite improve, and the secretions acquire a healthier character. It probably, as Mr. P. suggests, has the power of occasionally modifying the mucous surfaces so as to enable them to assist in producing healthy nutrition. The best form of administering it is the *iodide of iron*, and it is probable that as much benefit is owing to the iron as to the iodine. Four grains in 24 hours, in the form of a syrup, given for two or three weeks at a time, then omitted for a while, and again resumed, is the most successful mode of employing it. The simple tincture should not be used, as it is so quickly decomposed when poured into water. The iodide of potash, from its great solubility, and from its sitting well on the stomach, is an excellent form in many cases, but where there is great debility and irritability, the iodide of iron is the best combination. In these cases it seems to have a sedative influence upon the organism, rendering the pulse fuller and stronger, while it improves the general tone of the system. But in this, as well as many other cases, we lose sight of much that is important in the cure of disease. Many complaints are self-limited; they tend to recovery in a given time; many are influenced by season; many by place or locality. We all bring other important agencies to bear in the treatment of our patients; we prescribe their drinks, their diet, their dress; we direct as to the temperature of their room; we see that it is well ventilated; we remove all noise and other noxious agencies; we endeavor to calm the mind, to soothe all agitation, and remove all causes of mental disquietude; we try to procure sleep; we direct perfect cleanliness, both of and around the patient; we employ baths and frequent ablutions; in addition to all, we give medicine; the patient recovers; *ergo*, that medicine, whatever it be, has cured him, it is henceforth a specific. In the treatment and cure of scrofula, it is difficult to say how much credit is due to the medicine, and how much to our general hygienic measures.

Barium has enjoyed considerable reputation in the treatment of scrofula, and Mr. P. thinks that its powers as a discutient, over scrofulous glandular tumors and the scrofulous constitution, are little, if at all inferior to those of iodine. Its field of usefulness, however, is more limited, as we have but one preparation of the medicine. As it is more irritating than iodine, its use is contra-indicated where there is much inflammatory excitability of the system ; but where there is a flabby tongue and languid circulation, accompanied by irritability of the mucous surfaces, barium is often very useful. It may be given in solution ; j. gr. to ℥ j. of water, with ten drops of compound tinct. of gentian ; of this ℥ ss. twice a day may be given. Baudelocque speaks highly of its external use as a discutient to glandular tumor in the proportion of ℨ j. to ℥ j. of lard.

Hydrochlorate of lime (muriate) has similar properties in relation to scrofula with those possessed by the chloride of barium, except that it is more irritating, and therefore requires to be used with more caution. It may be given in the following form: ℨ j. to ℨ xx. of distilled water, of which a teaspoonful may be taken in milk two or three times a day. It does not seem to have any decided action on scrofulous glands.

Alkalies have long enjoyed considerable popularity in the treatment of scrofulous diseases, especially the caustic potash. The celebrated anti-scrofulous elixir, which had the reputation of curing this disease for more than 100 years, was nothing more than 7 grs. of carbonate of potash, to ℥j. of water. Where there is great acidity of the secretions, alkalies, we believe, will be found very useful remedies in scrofula, but they have no specific power over the disease.

Burnt sponge, the virtues of which, if it had any, were supposed to be owing to iodine, has long since gone out of use, and cod-liver oil has taken its place. Mr. P. states that he has employed this article very extensively in the treatment of scrofula, and that his estimate of its virtues as a remedial agent is much less favorable than that of many others who have given it a trial. He adds, however, that there is scarcely any form of scrofula which he has not seen improve under it ; enlarged glands, sinuses, ulcers, lupus-like scrofula of the face, caries—all these he has known get better under its employment ; but generally one of two things happened, either the stomach or the patience failed, before the remedy had been carried far enough to produce any considerable amelioration. We have generally found the stomach to fail before we had fairly begun its use. As cod-liver oil has been found to contain bromine and iodine, its virtues have been attributed to these agents, but when we reflect that their quantity is not more than the forty-thousandth part, we are compelled to relinquish this theory. We have quite as much faith, and rather more, in good, fat, salt bacon, and prescribe it far oftener in scrofulous cases.

Sea-water taken internally, is a very ancient remedy in scrofula, being mentioned by Pliny and Celsus. It has, however, gone pretty much out of use, although sea-bathing is still resorted to as a powerful remedy in correcting the scrofulous diathesis. It exercises upon the surface of the body a powerful tonic influence ; it improves digestion and respiration ; gives more vigor to the constitution, and in this way improves nutrition—it gives a preponderance to the arterial over the venous and lymphatic systems, and thus gives to the body generally a power to resist successfully the inroads of many chronic diseases. These effects are partly due to the cold, and partly to the stimulating influence of the salt upon the cutaneous surface. We believe that a residence at the sea-side during the months of July, August, and September, and the daily practice of salt-water bathing, and a regulated regimen, will do more in the cure of scrofula than all other hygienic or remedial agents whatever; and yet, strange as it may seem, those who habitually reside at the sea-side are not more free from scrofula than those who live inland, and when affected with scrofula, they derive as much benefit from inland change, as is experienced by inland patients from a change to the sea-side.

Mr. P. doubts whether *mineral waters* exert any very decided curative influence over this disease, although he thinks that mineral water is lighter, more penetrating, and more easily digested than common water. There can be no doubt, we think, that mineral waters exert a curative power over the organism, independent of accessory circumstances, and also, that particular virtues attach to particular waters, according to their composition. Thus the sulphurous waters act particularly upon the lymphatic and tegumentary system; the saline upon the digestive tube; the alkaline upon the fluids; the ferruginous upon the solids. No fact can be better settled than that alkaline waters, holding a small quantity of soda or potash in solution, or ferruginous waters, containing small quantities of iron, will cure diseases which have resisted all sorts of alkaline or ferruginous medicines when otherwise administered; substances taken from nature's laboratory possess an energy which those of art can never attain. Mineral waters, then, are not to be neglected in the treatment of scrofulous affections.

Mr. P. thinks that *season* has more influence in the cure of scrofula than any other agent except food. Scrofulous affections are least numerous and most manageable during the autumn months, and most severe and aggravated in spring and the beginning of summer. Our estimate, then, of every plan of treatment will be defective, which does not include the influence of season.

If, then, we have a scrofulous patient to heal, especially a child, marked by general debility, and the presence of glandular tumors in the neck, we should direct a change of residence, if practicable, and a dry, warm, locality, favorable for exercise, is best. The food should be nutritious, and of a mixed nature—fluid or sloppy diet to be avoided. As much exercise should be taken as possible without fatigue; the sleeping-room should be airy, and the surface of the body well rubbed with flannel before the child is dressed.

If the tongue is furred, the appetite bad, and digestion impaired, an occasional emetic will be useful. If there is a want of bile in the evacuations, the stools being clay-colored, calomel or blue pill, with rhubarb, will be proper. If there is great torpor of the bowels warm purgatives, and if the secretions are preternaturally acid, alkalies, with bitters, will be indicated. If there is great want of tone in the digestive mucous surface, wine, ale, bark, iron, iodine or mercury, assisted perhaps by alkalies, will be necessary—the choice to be determined by the circumstances of the case. Where the surface is pale, the texture flabby, the circulation languid, iron or bark will be the proper remedies; if the general health has not greatly suffered, mercury or iodine will be proper. Where scrofulous matter has been deposited, it will not be absorbed—it may remain dormant, or it may excite inflammation, and suppuration be established, when the matter will be discharged externally. We should anticipate the discharge by opening the integument with a cutting instrument; or, if the integument be thin, and of a violet color, with the caustic, which in such a case occasions less deformity. But unless ulceration be inevitable, the surgeon should not interfere with either. Where there are local signs of inflammatory action, as manifested by pain, heat, and redness, we may treat it like common phlegmon, by cold and leeching; but where the tumor is more chronic, frictions with mercurial or iodine ointment will be best. If change of air, good food and exercise cannot be procured, the difficulty of treatment will be ten-fold enhanced, and the chances of cure infinitely lessened. They all seem necessary to effect such a change in the system as will eradicate the scrofulous taint, and without them medicine is nearly useless. We may, to a certain extent, improve the general health, correct the diseased conditions of the mucous surfaces and the blood by alteratives and tonics, but we cannot very often expect to perform a radical cure.

Art. XIV.—*General Therapeutics and Materia Medica.* With 120 illustrations. Adapted for a Medical Text-Book. By Robley Dunglison, M. D., Prof. of Institutes of Medicine, etc., in Jefferson Medical College. 3d Edition, revised and improved. In 2 vols. 8vo., pp. 504, 482. Lea & Blanchard. 1846.

This is a revised and improved edition of the author's celebrated book, entitled "General Therapeutics;" an account of the different articles of the Materia Medica having been incorporated with it. The work has, in fact, been entirely remodelled, so that it is now the most complete and satisfactory exponent of the existing state of therapeutical science, within the moderate limits of a text-book, of any hitherto published. What gives the work a superior value, in our judgment, is the happy blending of therapeutics and materia medica as they are, or ought to be taught in all our medical schools; going no farther into the nature and commercial history of drugs, than is indispensable for the medical student. This gives to the treatise a clinical and practical character, calculated to benefit in the highest degree, both students and practitioners. We shall adopt it as a text-book for our classes, while pursuing this branch of medicine, and shall be happy to learn that it has been adopted as such, in all of our medical institutions.

Art. XV.—*Human Physiology.* With 368 Illustrations. By Robley Dunglison, M. D., etc. 6th Edition, greatly improved. In 2 vols. 8vo., pp. 651, 694. Phil. Lea & Blanchard. 1846.

The "Human Physiology" of Prof. Dunglison has long since taken rank as one of the medical classics in our language. Edition after edition has been issued, each more perfect than the last, till now we have the sixth, with upwards of 70 new illustrations. To say that it is by far the best text-book of physiology ever published in this country, is but echoing the general voice of the profession. It is simple and concise in style, clear in illustration, and altogether on a level with the existing advanced state of physiological science. The additions to the present Edition are extremely numerous and valuable; scarcely a fact worth naming, which has a bearing upon the subject seems to have been omitted. All the recent writers on Physiology, both in the French, German and English languages, have been consulted and freely used, and the facts lately revealed through the agency of organic chemistry and the microscope have received a due share of attention. As it is, we cordially recommend the work as in the highest degree indispensable both to students and practitioners of medicine.

Art. XVI.—*The Elements of Materia Medica and Therapeutics.* By Jonathan Pereira, F. R. S., etc. With numerous illustrations. 2d Am. from the last Lond. Edit. With notes and illustrations by Joseph Carson, M. D., etc. 2 vols. 8vo. Lea & Blanchard, Philadelphia. 1846.

This *encyclopedia* of Materia Medica, for such it may justly be entitled, gives the fullest and most ample exposition of Materia Medica and its associate branches, of any work hitherto published in the English language. It abounds in research and erudition: its statements of facts are clear and methodically arranged, while its therapeutical explanations are philosophical, and in accordance with sound clinical experience. It is equally adapted as a text-book for students, or a work of reference for the advanced practitioner, and no one can consult its pages without profit. The Editor has performed his task with much ability and judgment. In the first American edition, he adopted the Pharmacopœia of the United States, and the formula set forth in that standard authority: in the present, he has introduced an account of substances that have recently attracted attention by their therapeutic employment, together with the mode of forming the characters and uses of new pharmaceutic preparations, and the details of more elaborate and particular chemical investigations, with respect to the nature of previously known and already described elementary principles—all the important indigenous medicines of the United States heretofore known, are also described. The work, however, is too well known to need any further remark. We have no doubt it will have a circulation commensurate with its extraordinary merits.

Art. XVII.—*The United States Dissector, or Lessons in Practical Anatomy.* By Wm. E. Horner, M. D., Professor of Anatomy in the University of Pennsylvania. Edited by H. H. Smith, M. D., etc. Phila.: Lea & Blanchard. 12mo., pp. 444. 1846.

This well known work of Professor Horner has now been twenty-three years before the profession, and its merits universally appreciated and acknowledged. Indeed, under the unassuming title of "Lessons in Practical Anatomy," it was the first original American manual devoted to the purposes of the dissecting room. Since its first appearance it has been in constant demand, and no work, it is believed, has proved more useful in aiding the student in acquiring a knowledge of this important branch of his profession. The present edition is much superior to any of the former, on account of its numerous well-executed plates, so important in calling to mind the relative situation of parts, long after opportunity of dissection has been permitted. The introductory part, giving an account of the mode of dissecting, of anatomical preparations, setting scalpels, injections of various kinds, modes of preserving subjects for dissection, dried preparations, corroded preparations, wet preparations, quicksilver injections, preparing bones, fumigation, precautionary measures against dissecting wounds, &c., embody an amount of useful practical information, which may be sought for in vain elsewhere, and which is worth far more than double the price of the book.

Art. XVIII.—*Adulterations of various Substances used in Medicine and the Arts, with the means of detecting them; intended as a Manual for the Physician, the Apothecary, and the Artisan.* By Lewis C. Beck, M. D., Professor of Chemistry in Rutger's College, New Jersey, and in the Albany Medical College, &c. 12mo. pp. 331.—New York: S. S. & W. Wood, 261 Pearl St. 1846.

The work, whose title we have given, supplies a desideratum long experienced by the physician and the apothecary, as well as the public generally. It freely exhibits the adulterations of various substances used in medicine and the arts, and describes the processes by which they may be detected; and these are generally simple, and such as may be readily followed by those not much versed in chemistry. The importance of such a work, when we consider the extent to which adulterations are now carried in medicine, is too obvious to need remark. The articles are arranged alphabetically, and the names of medicinal articles, as employed by U. S. Pharmacopœia, are given. The appendix contains full descriptions of the various chemical operations noticed in the body of the work, directions for the preparation of re-agents, and several tables exhibiting the behavior of some re-agents, with the more important substances.

As to the manner in which the work is executed, we can speak in terms of unqualified praise. Indeed, the scientific reputation of the author is a sufficient guarantee for the character of any work which he may put forth. We have no doubt that the treatise will have a wide circulation, for we think no physician or apothecary, at the present day, can well be without it.

Art. XIX.—*A Text Book on Chemistry for the use of Schools and Colleges.* By John William Draper, M.D., Professor of Chemistry in the University of New York, etc. With 300 Illustrations. Harper & Brothers. 12mo., pp. 408.

This work is well adapted as a text-book for schools, colleges, and other institutions. It appears, moreover, just at the time it was wanted, namely, as the different medical schools are about commencing their annual courses of lectures. The work contains the outline of the course of Lectures delivered by the author in the Medical Department of the New York University, to which are appended, at the bottom of the page, leading questions on all the important topics treated of. As a manual for students, setting forth in plain language the great features of the science, and arranged in such divisions as the experience of many years has shown to be most suitable for daily instruction, we can commend the work as one of the best with which we are acquainted. The wood cuts will convey to the student a clear idea of the practical part of each lecture, a consideration of no little importance, where access to a complete chemical apparatus is wanting. We hope the work will have an extensive circulation.

Art. XX.—*Anatomical Description of the Diseases of the Organs of Circulation and Respiration.* By Charles Ewald Hasse, M.D., etc. Translated and Edited by W. E. Swaine, M.D., etc. Philadelphia: Lea & Blanchard. 8vo., pp. 377. 1846.

This is a reprint of one of the valuable works issued by the Sydenham Society, and one of the most useful perhaps of any in the whole series. The author is one of the best pathologists in Europe, and we have here the results of his own observations, carefully recorded, during a long series of years. The work is not, therefore, a compilation, but an original Treatise on the morbid anatomy of the organs of Circulation and Respiration. The aim of the author seems to have been to make the actual knowledgeof Pathological Anatomy subservient to an Anatomical History of Disease, the only way in fact in which morbid anatomy can be made useful to the practical physician. So far as it is confined to setting forth the results or *effects* of disease, its value is very small indeed. This distinction it is important to bear in mind.

We can cheerfully recommend the work, as a standard authority on the subject of which it treats. We shall notice it more fully hereafter.

Art. XXI.—*Proceedings of the Annual Convention of the Connecticut State Medical Society.* May, 1846. Hartford, 1846. 8vo., pp. 36.

A notice of this pamphlet was crowded out of our last number. Among other proceedings, we find the following Resolution, relative to the death of the late President of the State Society :—

"*Resolved*, By the President and Fellows of the Connecticut Medical Society, in Convention assembled, That by the death of Luther Ticknor, M. D., late President of the Medical Society of this State, the Profession has lost a prominent member; the community in which he moved, a valuable citizen; the cause of Literature, of Morality, and of Religion, a devoted friend. To the family of the deceased, we offer our sincerest sympathy."

The Committee of Examination of the Medical Institution of Yale College, thus speak of Dr. Ticknor in their Report :—

"Your Committee deem it a duty not to be neglected, to notice the death of the worthy and efficient President of the Board, which occurred since our last meeting. As a member of the board, he was prompt and assiduous, and his death, in the midst of activity and usefulness, will long be regarded by an extensive circle of warm friends, and particularly by the Medical Society of Connecticut, as one of the mysterious dispensations of Divine Providence.

By order of the Committee, Archibald Welch."

On the subject of a National Medical Convention, we find the following :—

"Dr. Cogswell made an informal report of the proceedings of the National Convention, lately held in New York, and submitted a resolution, which, after being amended, was passed as follows:

Resolved, That the County meetings have power to appoint one delegate each, to the National Medical Convention, to be holden in Philadelphia, on the first Wednesday in May, 1847; and they are hereby requested to make such appointment, and make return thereof to the Secretary of the State Society."

An Essay on typhous fever was read by Dr. Sill, from which we should be glad, had we space, to make copious extracts. Dr. S. includes under the name *typhous*, both the *typhoid* and *typhus* of Louis, Bartlett and others, and considers them as one and the same disease, differing only according to accidental circumstances, such as the constitution, temperament, or habits of the patients; severity of attack, or malignancy of type, &c. The symptoms are such as laid down by all writers on the subject.

As to the *anatomical lesions*, Dr. S. states that he has never yet made a post-mortem examination in a case of typhous fever, but thinks that "morbid anatomy sheds but very little light upon the pathology of the disease." This may be so, but we believe it to be the duty, nevertheless, of medical men, to investigate the pathological appearances whenever opportunity occurs.

With respect to the *causes* of this disease, Dr. S. remarks:—

"There can hardly be found a medical treatise of typhous fever, in which is not mentioned, as prominent causes of the disease, most of the exciting causes of general debility and exhaustion, both physical and mental,—such as exposure to cold or heat; over-exertion of body or mind; excesses of almost every description; in fact, any and every cause which tends to lessen the vital energies of the system, and dispose it to take on diseased action.

"Notwithstanding all these opinions, emphatically expressed by medical writers, they all,—with perhaps an occasional exception—recommend a strong antiphlogistic course of treatment; thus, according to their own theories, 'rendering the system more susceptible to disease,' by reducing the vital powers, and rendering the system less able to contend successfully with the diseased action.'"

We differ here in opinion with Dr. S.; the treatment recommended by a majority of writers on this disease, is cordial and supporting, not antiphlogistic and depleting.

Dr. S. remarks that he has "never witnessed a single circumstance, however slight, to warrant the opinion that typhous fever is a contagious disease." We have met with a large number.

As to the treatment, Dr. S. thinks that there is but one indication, and that is, to excite and support the powers of life by stimulants and tonics. Of these he considers *opium* the most safe and efficient, given in the first stages to allay morbid irritability and irritation; in the latter, to control irritation, restlessness, anxiety, watchfulness, subsultus and tremors; epigastric sinking, diarrhœa and *coma;* which, he says, is more easily overcome by opium, at short and regular intervals, than by any other remedy.

"During the early stages, the regular and uniform use of simple aromatic bitter tonics, acrid stimuli, and diaphoretic drinks, such as serpentaria, chamomile, columbo, galangal, capsicum and lytta, and such others as belong to a moderate tonic and diaphoretic regimen, are of the utmost importance. The capsicum, in infusion, of all those named, seems to produce more favorable results than all the others, alone or combined. The thirst of the early stages is, by its use, relieved; the dry and darkly coated tongue becomes moist under its influence; the torpid and inactive condition of the mucous membrane of the whole alimentary canal,—the cold and livid extremities,—the epigastric sinking, are all disposed to yield to its free and uniform use.

"The tonic power, however, of any or all of these, is but feeble, and although they may, and often do, accomplish all that is desired, in mild cases, yet in grave cases, there is no one article of the materia medica of equal importance as a tonic, as Bark. In the form of decoction, conjoined with galangal, it has been my chief dependence during the entire course of the disease. I am aware that some substitute the sulphate of quinine for the bark itself, but after a long trial of it, I find myself wholly unable to depend upon it as a tonic, in febrile diseases.

"Diffusible stimuli, such as carbonate of ammonia, and camphor, I have found highly serviceable, as equalizing the excitement—determining to the surface—calming the low delirium, and acting as a steady, permanent cordial.

"Alcoholic stimulus, in such quantities as the symptoms demand, indicated by the degree of exhaustion, epigastric sinking, state of the pulse, and general appearances of flagging of the vital powers, is appropriate and indispensable, in a great majority of cases; indeed, in many of the grave cases, the free use of alcoholic stimulus is the only means of sustaining the patient, and carrying him safely through the disease.

"The mineral acids are not only extremely grateful to the patient, but important as mild, supporting remedies.

"Blisters, especially in grave cases, are useful auxiliaries as counter irritants, and as proving valuable stimuli to the nervous system.

"Cataplasms, applied to the feet and limbs, in every case where there is unequal excitement, and strong local determination, are important.

"In those cases attended with diarrhœa, or with hemorrhage, the free use of astringents, combined with the tonics, such as nut-gall, or white oak bark in infusion, the infusion of cornus circinata, sulphate of zinc, or acetate of lead, are useful and important.

"For the tympanitic state of the bowels, so often attending, I have used the nitrate of silver with the happiest effects.

"Constant attention should be paid to the ventilation of the room occupied by the patient. Nothing is more grateful, and nothing adds more to his prospect of recovery, than a free circulation of fresh air through his room, and whether it be summer or winter, cold or hot, day or night, the room should be abundantly supplied with pure, fresh air."

With respect to his success in the management of this disease, Dr. S. states that in the whole course of his practice, embracing a period of fourteen years, he has never lost but *two cases*, both of which were brought home from out of town, several days succeeding the attack of one of them, after having been greatly reduced by the repeated use of Brandreth's pills and Epsom salts. He also states that out of upwards of five hundred cases treated by Dr. E. F. Reed, but sixteen only proved fatal.

"Of this number, sixteen only proved fatal, two of these from a relapse, occasioned by imprudence; these had taken drastic cathartics, for a week previous to calling medical aid, and two were seventy-five or eighty years of age. Of these sixteen cases, but two had hemorrhage from the bowels, and one of them heavily purged during the first week of his sickness, and the other suffering from a heavy mercurial ptyalism.

"In conversation recently with my respected friend and instructor, Dr. Pierson, of Windsor, I was authorized by him to say, in regard to the results of his management of typhus fever, for the last thirty-five years, that the probable number of cases of this disease under his care as physician and counsellor, had been from 1600 to 2000, and that of these, including the mild and grave cases, not more than one per cent. had proved fatal; and that these, with hardly an exception, were those in which cathartics and other reducing agents had been tampered with, either at the commencement or during the progress of the disease.

"A vast number of these cases have occurred under my own observation, as a student of Dr. Pierson, and from my youth, as a neighbor; and I know very many of them to have been of the most malignant type.

"I ought perhaps to add, that Dr. Pierson's general course of practice coincides fully with the views which are here expressed."

PART THIRD.

American Intelligence and Editorial.

ADDRESS TO THE MEDICAL PROFESSION, IN RELATION TO THE OBJECTS OF THE NATIONAL MEDICAL ASSOCIATION, BY THE COMMITTEE APPOINTED FOR THAT PURPOSE.

ABSTRACT from the minutes of the proceedings of the National Medical Convention, held in the city of New York, in the Month of May, 1846.

"*Resolved*, That a committee of seven be appointed to prepare, and issue an address to the different regularly organized medical societies, and chartered medical schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention to be held in Philadelphia, on the first Wednesday in May, 1847."

In obedience to the above resolution, the committee appointed for the purpose present the following remarks to the members of the medical profession generally, as well as to the several bodies named in the resolution:—

In compliance with an invitation from the Medical Society of the State of New York, delegates from various medical societies and schools met in Convention in the city of New York, on the first Tuesday of May, 1846. About one hundred members were present, representing thirty-four different medical associations, and residents in sixteen different States of the Union. The object of the Convention was, by a concert of action of medical men from every part of the country, to advance the interests, the honor, and the usefulness of the profession. The result of their deliberations, as shown in their public proceedings, has been widely circulated, so that all who take an interest in such matters, are probably fully informed of it; still, some remarks upon the course which was pursued, together with the reasons for it, may be appropriate.

The first object which engaged the attention of the Convention, was the necessity of forming some plan of organization, by which medical men in every part of the country may communicate with each other, and act in concert, in regard to their common interests. The general opinion was, that this desirable object would best be attained by the formation of a National Medical Association, to consist of members from every part of the country, who should meet together for consultation and action, at such times and places as they might deem expedient. Although no doubt was expressed of the propriety of such an organization, there were other subjects connected with it, such as, who should be members of the association? how and by whom should they be selected? if delegates, what should be their number? what power should be conferred upon them, and how far should their acts be binding upon the bodies whom they represent? concerning which there would probably be difference of opinion. As no one had been charged with the consideration of these subjects, no definite plan of organization had been prepared, upon which the Convention could act with that careful deliberation which the importance of the business demanded. It was thought best, therefore, to postpone all definite action upon it until a future Convention. This opinion was strengthened by the fact, that although the number of members present was larger than had been anticipated, yet many most respectable medical societies and schools, who are doubtless equally solicitous with those who were present, for the welfare of the profession, and as ready to promote its interests, were not represented. This deficiency, it was hoped, would be remedied in a future Convention. In the meantime, the consideration of these subjects was entrusted to a committee, who will prepare a plan for a National Medical Association, which will be presented to the proposed future Convention.

The other subjects which engaged the attention of the Convention, related principally to medical education; such as the qualifications which should be required of those about to engage in the study of medicine; the course of study which should be pursued by them; the mode of examination which should be adopted, and others of a similar kind. For reasons like those given above, these several matters were also placed in the hands of committees to examine, and report upon them. The same course was also pursued in regard to the preparation of a code of medical ethics, by which the intercourse of physicians with each other, and with the public, shall be regulated.

From this statement it will be seen that matters of great interest are presented for consideration, and that if wise measures in regard to them are adopted, such errors and abuses as may be found to exist, will be corrected; the profession will be guarded against the admission of incompetent or unworthy members; the purity, professional and moral, of those who are allowed to continue in it, will be preserved; and that thus full assurance, such as it has a right to demand, will be given to the community, that all who are acknowledged by medical men to be of their number, are worthy and competent to perform the duties, and to sustain the responsibilities of an arduous and honorable profession.

It remains to be seen whether these desirable objects shall be accomplished. It is obvious that this can be done only by general and united exertion. All partial or divided action will be unavailing. It is equally true, that whatever is done, must be accomplished by medical men themselves. In some countries, the interests of the medical profession, like others of great importance to the community, are regulated, sustained, and protected by public law. In this country, no general law, even if it were desirable, can ever exist. In many of the States, no laws upon this subject have ever been enacted; in several, where they have formerly existed, they have been repealed, and in those where they still remain, there is a general complaint of their inefficiency. In this State of things, the only resource which remains, is, for medical men to establish and enforce among themselves such regulations as shall purify and elevate their own body, and thus more fully command the respect and confidence of their fellow men. The proposed association, if it becomes general, may be the means of accomplishing much of this good work. The opinions of such a body of the most respectable members of the profession, enjoying the confidence of their brethren and of the public, freely expressed after full consultation and careful deliberation, although not clothed with the authority of law, will still command respect, and for the most part compliance. A public opinion in regard to the subjects decided upon, will be created, which will be more controlling than law. It is by creating and sustaining a sound and healthy public opinion, that the association will prove most beneficial.

In calling the attention of the physicians of this country to such an effort at this time, it is not intended to express the opinion, for no such opinion is entertained, that they are behind those of other countries, or the members of the other professions in this, in general intelligence, in scientific attainments, or in practical skill. Still, it is to be remembered that the present is peculiarly an age of advance in every department of science, and that at such a time to rest satisfied with present attainments, and to make no provision for increased acquisitions, is practical retrocession.

In this state of things, the committee feel themselves fully authorized to call upon the medical profession throughout the country to consider, carefully and deliberately, the matters which have been presented to them, and upon which a future Convention will be called on to act. They also earnestly invite all medical societies, the faculties of all medical colleges, and all similar associations, to appoint delegates to meet in Convention in Philadelphia, on the first Wednesday in May, 1847.

It is confidently believed that a Convention thus constituted, embodying the wisdom, and acting under the sanction, and with the authority of the united profession, will devise such measures as shall command the respect of all who are interested in the promotion of medical science, and the physical welfare of man. In behalf of the committee,

J. KNIGHT, M. D., *Chairman.*

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3. HAS A PHYSICIAN A RIGHT TO COMPENSATION FOR MAKING A POST-MORTEM EXAMINATION AT THE REQUEST OF A CORONER? Opinion of the Hon. Judge ELLIS LEWIS.

Dr. W. L. Atlee *vs.* Lancaster County. No. 50, January, 1844.

Opinion of the Court.—This is an action to recover compensation for professional services rendered by the plaintiff, as a physician, at the request of the coroner, upon a *post mortem examination*. It is the duty of the coroner, in cases of sudden death, or where any are slain, to hold an inquest, *super visum corporis*, to inquire into the cause of death, "by the mark on the neck, or by a mark on any of the limbs, or *by any hurt found on the body*." 4 Ed. 1. The statute of Edward IV., regulating the duties of the coroner in this respect, is in affirmance of the common law, one of the great advantages of which is, its constant adaptation to the progress of business, the advanced state of the sciences, and the habits of the people. In this enlightened age, a coroner who would undertake to consign to the grave the body over which he had held an inquest, without availing himself of the rights which medical science has placed at his disposal, would be regarded as unfit for the office, and unworthy the age in which he lives. A thorough examination, aided by the highest professional skill within reach, is absolutely necessary to the administration of justice. Without such examination, groundless suspicions may be entertained, and prosecutions commenced, at once cruel to the objects of them, expensive to the county, and wasteful of the time and talents of all persons engaged in them. But this is not all. Without a thorough examination of the body, and a complete demonstration, from the evidence thus in the power of the commonwealth, that the death was caused by violence, the guilty agent cannot be convicted. When, from ignorance in the examination of the body, the cause of death is left in doubt, the accused will, in general, escape the just punishment due to his crime; because in all cases of doubt, he has a right, under the law, to demand an acquittal. Thus, the guilty are again let loose upon society, and the public is deprived of that protection which the laws were intended to provide. There can be no doubt of the duty of the coroner to require such aid as was given in this case; and it seems equally clear that his powers are commensurate with his duties.

It is true that medical witnesses may be called upon to give evidence of any *facts* within their knowledge, and also of the *opinions* which their researches and experience have enabled them to form on questions of science pertinent to the case. But they cannot be compelled to devote their time and talents, without compensation, to the unpleasant duties of a *post mortem examination*—to assume the responsibilities of an investigation, upon which the life of a fellow-being may depend—and to encounter the painful ordeal of a thorough cross-examination, generally conducted by gentlemen of science and courtesy, but sometimes by individuals not remarkable for either.

Even where nothing further is asked of the medical practitioner than his attendance as a witness, his case is one of peculiar hardship. His business is of a character which requires the employment of his skill and judgment. It is in these alone that his patients confide, and no deputy or substitute can supply these qualities. To him the ordinary fee of a witness is a very insufficient compensation. "The same policy which exempts medical practitioners from attendance on other public duties may suggest the propriety of allowing them some adequate indemnity when their assistance becomes indispensable; and this not only for their private and immediate advantage, but ultimately for the public benefit; for, if properly remunerated for their attendance, practitioners of a superior class would not be unwilling to devote some portion of their time to the assistance of public justice; whereas, under the existing system, it is notorious that all who can will avoid the burden; and the duty, therefore, devolves on those who are least competent to its execution; this evil is particularly apparent on coroners' inquests, where the opinion of a shop-boy has often been allowed to determine a question *in limine*, which, properly investigated, might have required the first science to obtain a satisfactory result."—1 Par. & Fonbl. Med. Jur., 157.

As attendance is more burdensome on a professional man than on others, so also is it more frequently called for. Other men are only called to testify to FACTS within their knowledge. The professional man is called upon for his OPINIONS. Those, therefore, who stand highest in public estimation, and whose time is most valuable to themselves and their patients, are the most frequently called to discharge these unprofitable duties. A consideration of these circumstances has doubtless led to the practice in England of allowing medical witnesses more than the usual witness fees, as a compensation for the loss of time.—Willis *v.* Peckham, 4 Moore; Severn *v.* Olive, Mich. Term, 1821, C. B. Two guineas per day is the usual allowance to medical witnesses in England, "but no allowance is made for the time spent in making chemical experiments, *for the purpose of perfecting themselves in the science which they profess*, because it is alleged that they ought not to *acquire their knowledge at the expense of the parties.*" —Ap to 3 Paris & Fonb., p. 203; Severn *v.* Olive. How far they should be allowed for the time spent in the application of that knowledge to the particular case under investigation is a question entirely different. The principle by which they are compensated for their loss of time as witnesses, and considerations of policy and justice, sanction an allowance for the loss of time spent in a *post mortem* examination.

This expense is a necessary incident to the administration of justice for the county. The coroner of the county is charged with the duty of holding the inquest, and has, as an incident to his authority in this respect, the power to summon such aid as the purposes of justice may require. In doing so, he acts not in his individual capacity, but in his official character as the officer of the county. "The power to order, implies the promise to pay."—Commissioners *v.* Hall, 7 Watts, 291. It is upon this principle that the county is liable for the contingent expenses of the court—for the fire-wood, candles, &c., consumed in the court-house—for the expenses of keeping a jury together at a hotel when ordered by the court, as is usual in capital cases—or for the expenses of medical services ordered by the court for a juror suddenly ill.—7 Watts, 291.

The plaintiff is, therefore, entitled to recover in this action, such a sum as the jury shall deem a reasonable compensation for his services,

Nov. 28th, 1844. ELLIS LEWIS.

The jury rendered a verdict in favor of the plaintiff for the whole amount of his claim.—*Am. Jour. Med. Sci.*

Medical School at Buffalo.—A charter for a University at Buffalo has been granted by the Legislature of New York, and the medical department has been fully organized. The following constitute the faculty: *Chemistry and Pharm.*, J. Hadley, M. D.; *Physiology and Med. Jurisp.*, C. B. Coventry, M. D.; *Gen. and Spec. Anat.*, James Webster, M. D.; *Path. and Mat. Med.*, C. A. Lee, M. D.; *Princ. and Pract. Surgery and Clin. Surgery*, F. H. Hamilton, M. D.; *Obstet. and Diseases of Women and Children*, J. P. White, M. D.; *Princ. and Pract. Med. and Clin. Med.*, A. Flint, M. D. The first course will commence on the 24th of February, 1847.—*Ibid.*

East Tennessee Medical Society.—This association held its second meeting on the 7th May last. A resolution was adopted requiring the secretary to correspond with the State Societies in relation to the propriety of petitioning the Legislature to regulate by law the practice of medicine. The second annual meeting will be held at Jonesborough on the first Thursday in May, 1847.—*Ibid.*

Preliminary Education.—One of the resolutions adopted by the National Medical Convention, declares "that it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education." The committee appointed under this resolution, to report on the standard of acquirements, are busily engaged on the subject, and would be pleased to receive from Professors in the different Medical Schools and private teachers, their views in relation thereto. Communications should be addressed to Dr. J. Couper, Newcastle, Del.—*Ibid.*

Health of the Army on the Rio Grande.—We learn from our friends who have just returned, and by letters from the army, that the volunteers are suffering greatly from diarrhœa and dysentery, arising from bad water, bad weather, and diet, to which they are unaccustomed. The chief sufferers are the regiments from Tennessee, Indiana, and other States in that region. This is not to be wondered at, as the change of climate and mode of living, are so marked. It will be very fortunate if the campaign does not prove *disastrous* from sickness. No serious mischief seems to be apprehended from *Mexican bullets or bayonets.* The volunteer regiments now on the Southern banks of the Rio Grande, from the States of Ohio, Illinois, Indiana, Tennessee, Mississippi and Alabama, are composed, in a great measure, of *the flower of our youth*, who have been suddenly ushered into a *climate and service* to which they are altogether unaccustomed.—*New Orleans Med. and Surg. Journal*, Sept., 1846.

THE LATE DR. LOVELL, SURGEON GENERAL U. S. A.

Dr. Lee, New York, Sept. 24th, 1846.

Dear Sir,—In the last number of your journal, a list of the Medical Staff attached to the United States Army, reminds me of a biography I have in my possession, of the late Dr. Joseph Lovell, Surgeon General of the U. S. Army, which I procured through the politeness of my friend, Dr. Thomas Miller of Washington City. It was my intention to have published the biography in the "United States Medical and Surgical Journal," but the discontinuance of that publication prevented it. Feeling a strong desire to have the biography of Dr. Lovell laid before the medical profession and the public, I offer it to you for publication in your journal, with the understanding that you or your publishers fulfil my original intention, namely, present one hundred copies of the biography, neatly put up, to the President of the Medical Society of the District of Columbia, for the use of its members; also send fifty copies to Professor Warren of Boston, to be distributed among Dr. Lovell's relations and personal friends in that section of the country. I am, dear sir,

Yours, respectfully,
James Webster, *Formerly Publisher, &c., of the Amer. Med. Recorder, U. S. Med. & Sur. Jour.*

Washington City, Oct. 20, 1836.

At a special meeting of the Medical Society of the District of Columbia, held this day at the Medical Hall, Dr. Thomas Miller announced the death of Joseph Lovell, M. D., late Surgeon General of the United States Army, and member of the Society, and at the same time delivered a neat and appropriate address, setting forth the public worth and private virtues of the deceased, with a brief sketch of his life and character.

On motion, a committee was appointed, consisting of Drs. Sewall, Hunt, and Miller, to report such resolutions as this melancholy occasion called for. In a short time the following preamble and resolutions were presented and unanimously adopted:

In the death of the late Joseph Lovell, M. D., Surgeon General U. S. Army, the Society has lost one of its most valuable and intellectual members, and the medical profession generally has been deprived of one who has always sustained its dignity by great medical attainments and by a high and honorable course of conduct; Therefore,

Resolved, That the members of this Society wear crape on the left arm for thirty days, as a token of their grief and of their high respect for his memory.

Resolved, That the Secretary of the Society be directed to present a copy of these resolutions to the bereaved family as an expression of sympathy in their deep affliction, and that he cause the same to be published in the papers of the city. F. MAY, President.

R. JOHNSON, Secretary. *Gl. & Intel.*

Eulogy read before the Medical Society of the District of Columbia, on the 20th Oct., 1836, by Thomas Miller, M. D., Professor of Anatomy in the Medical Department of the Columbian College, Washington, D. C.

"*Mr. President and Gentlemen of the Society*,

But a few weeks have elapsed since we were assembled to perform the last sad honors to the remains of a departed friend and member of this Society. The melancholy duty now devolves on me, of announcing to you the death of another of our body—our friend and associate, *Dr. Joseph Lovell*, is no more—he died on the 17th inst. at half past three o'clock, p. m., after a most severe and painful illness of fourteen days' duration; resigning himself and his orphan children to his God. By this decree of Providence we have been robbed of a friend—society of a most useful and interesting member—the public of an important functionary; and a large and young family of a devoted and only parent.

While we deeply lament the loss we have sustained in the death of our friend, it is a most pleasing consolation to us to feel that he has made a happy exchange—that he has left a world of trouble and woe, for one of eternal quietude; and that he is now enjoying the reward of a sincere Christian.

The life of Dr. Lovell presents many interesting incidents, both of a public and private character. To do more than allude to a few of these, would be transcending our present limits. Of his early history, we are little informed,—while still very young, he took his degree of A. B. in Harvard University. Immediately after this he commenced the study of medicine, under the instruction of Dr. Ingals of Boston. He attended Medical Lectures in the Boston Medical College, where he graduated as Doctor of Medicine; being very young and diffident of his qualification as a practitioner of medicine, he directly, after receiving his diploma, devoted himself almost exclusively to the study of Practical Anatomy and Operative Surgery, under the supervision of Drs. Ingals and Warren. In these branches he attained great proficiency; and if, in after life, he could be said to be more familiar with one branch of his profession than another, that branch was Operative Surgery—the practice of which he always preferred to the other branches of medicine.

With true devotion to his profession, and a desire to contribute to the relief of his suffering fellow beings, Lovell joined the army as surgeon of the 9th regiment of infantry, at the commencement of the late war (of the year 1812, 15th May).—In the field he rendered much essential service, gaining the confidence and esteem of such of our brave soldiers as were placed under his charge,—performing many operations with skill and success.

He was, however, soon promoted (30th June, 1814) to the situation of Hospital Surgeon; where, young as he was, he won for himself that high professional standing, which is ever the award of science, philanthropy, gentlemanly deportment, and professional skill, and which he maintained unimpaired to his death.

After the close of the war, when our army was about to be placed on the peace establishment, and saw no further active duties presented for our brave enterprising, and talented youths—Dr. Lovell, as did a number of others, determined to resign his commission, and retire to his native city, for the purpose of pursuing his profession.

From this he was deterred, by being selected by the venerable President Monroe (in 1818) to fill the situation of Surgeon General of the United States Army. This mark of distinction evinced the high degree of esteem that was entertained for his professional and literary attainments; the situation being at that time sought by several of the most respectable and talented medical gentlemen of the army,—all, or most of whom, were senior to Dr. Lovell.

To the subject of the medical regulation of the army, Dr. L. had long before his appointment devoted much time and attention. But it was not till after he occupied the positive situation of Surgeon General, that his talents were fully developed, or his character properly appreciated. The unanimous voice of the army yielded to him the merit of many very important improvements in that department. He had it more in his power to carry into effect (encountering many difficulties) his early impressions on the subject of army regulations, which were now more matured. He was peculiarly fitted for his office. Connected with a full understanding (from practical observation) of what was really for the best interest of the medical staff; he possessed a mind capable of the greatest degree of exertion,—discriminating and analyzing as it progressed in its subject, cautiously noting all that was presented for its investigation; and when matured on any point, it was unwavering. Prompt in his decisions, yet always open to conviction, he was uninfluenced by prejudice and unmoved by personal predilections in the distribution of his official favors.

It was to his exertion, that the medical department of the army owe its present happy organization. At his suggestion and urgent solicitation, the army medical board of Examiners was established. I need not enumerate the happy tendency of this mode of selecting army medical officers. Although it has been in operation but a few years, we can already witness its beneficial effects. The officers and soldiers now feel perfect confidence in their medical advisers. They must be competent, from the fact of their having undergone a most rigid and scrutinizing examination, by scientific and skilful judges, in whose decisions no feeling of personality can live—from this system of examination the ranks of the medical department of the army must be filled with the most choice materials.

As much as his time was occupied by his public duties, yet Dr. L. did not neglect what was due from him as a citizen,—as such he was most highly esteemed. His reservedness and occasional taciturnity may often have been construed into coldness and indifference to the sufferings of humanity; far otherwise was this from his *real nature.* I have seen him when a casual observer would suppose he felt little or not at all, suffering the greatest mental anguish. He was susceptible of the deepest sympathy, and yet he never displayed his feelings; this self-control was one of the leading traits of his character.

As a neighbor, he was kind and charitable; as a friend, sociable and sincere; as a husband and father, devoted. To an enemy he was forgiving—as a physician, he was skilful—as a surgeon, cautious, but bold and judicious; clear and discriminating in his diagnosis and prognosis, and prompt in the application of his remedies

In his intercourse with his professional brethren, he was always liberal, distinct in his views, ready to listen to any suggestions, and deliberate on the propriety of their adoption; punctual in time in his meeting, and scrupulously punctilious in his professional etiquette.—Honest and honorable, he was never known to be guilty of a *trick* to the injury of his medical brethren, or to promote his own interest.

In the welfare of this Society, as well as that of the Medical Association of Washington, he has ever taken the deepest interest, using his utmost to attain for them a standing commensurate with their importance, and which would improve their future usefulness, both to the community and the profession. He was among the *first* instigators of the association, and he was one of its most zealous supporters to the day of his death.

Such is a brief sketch of the man whose sudden and untimely death has caused us to meet here to-day,—and in honor of whom we are now to perform our last melancholy duty. It may truly be said that his was a life of great usefulness, but brief existence."

STRICTURE OF THE RECTUM.—*Mr. Editor:* Three weeks ago I was called to prescribe for P. K., a young man who had swallowed a peachstone two days previously, and was suffering from ineffectual attempts to void it.

I prescribed ol ricini. ℥iss.; and the same quantity of oil in the evening, in case he was not relieved: also to eat freely of pudding made with magnesia in it.

When I called the next day, I learned (as he had gone out) that he vomited the oil and did not repeat it, but ate freely of the pudding.

Eight days afterward I was sent for. He complained still of an ineffectual disposition to void his fœces, tenesmus, &c. On examining him per rectum, I discovered at the depth of nearly three inches, a firm annular stricture, which felt as though a thread was drawn so closely around the gut as only to admit the point of the finger by pressure, and was undilatable by what force I could exert for some fifteen minutes against it. I prescribed another dose of oil.

The next morning I invited my friend, Dr. Jno. Watson, and went prepared to remove the difficulty. The oil had not passed from him, though it had caused great pain from the straining. Upon examination the stricture seemed a very little relaxed, and the pit could be felt above it lying crosswise, having acted as a valve. The patient was directed to lean over a table: I then passed the index finger of the left hand into the rectum, and the end of it through the stricture. Upon this I slid the bistoury cache sidewise, until the cutting edge was opposite the stricture, turned it backwards to the sacrum, and, with the finger under, pressed upon and divided it, bringing down the pit with the finger to the sphincter. He immediately voided it without any difficulty. The next day he was about, and has had no untoward symptom since.

New York, *Oct.* 15, 1846. E. A. Vanderpool, M. D.

Another Prosecution for Malpractice.—An action for damages in the Circuit Court of Kalamazoo, Michigan, against Dr. Nathan M Thomas, resulted in a verdict of $300 in favor of the plaintiff. A new trial had been granted, but at the same time it was taken out of Court, and referred to Dr. Z. Pitcher, of Detroit, Mich., and Dr. Daniel Brainard, of Chicago, Ill., as arbitrators. We copy the following award from the Illinois and Indiana Medical and Surgical Journal:

"The undersigned, to whom was submitted the matter in difference between John Beals and Nathan M. Thomas, having carefully examined the injured limb of Dephne Beals, and heard the testimony adduced in relation to the injury and its treatment, and the arguments of council in the cause, respectfully report to the Honorable Chief Justice of the State of Michigan, presiding over the Circuit Court of Kalamazoo County,

"That they agree in the opinion, that the said injury was a dislocation of the upper end of the radius forwards not detected at the time of its occurrence, and that the defendant is therefore liable to the imputation of mal-practice, from defective anatomical knowledge.

"Taking into consideration that this dislocation is one of rare occurrence, and has in several cases been found to be incapable of reduction, and that it was not in this instance attended by the usual distinguishing signs, and was obscured by considerable swelling;

"Considering farther, that the study of anatomy essential to the proper treatment of such cases, is by the laws of the State of Michigan a penitentiary offence; together with the fact, that the limb is still highly useful and may, in our opinion, be essentially improved by judicious treatment, we award that the defendant in this case, is not justly liable to any damages, and (if it belong to the board to decide this question) we further award that each party shall pay his own costs. Zina Pitcher.

"Kalamazoo, June 13, 1846. Dan. Brainard."

Baltimore College of Dental Surgery.—We are gratified to perceive that this valuable institution, the only one of the kind in our country, or perhaps in any other, is rapidly advancing in its career and usefulness. The Chair of Operative and Mechanical Dentistry hitherto vacant, has been recently filled by the appointment of Amos Westcott, M. D., of New York —a gentleman of distinction in his profession. A new edifice is also expected to be completed for the ensuing session, combining all the conveniences required for Lectures and practical instruction. It is only by sending forth enlightened Dentists that the practice of this interesting department of Surgery can be placed upon that footing of respectability to which it is justly entitled.

Uterus without an Os Tincæ.

"Dr. Flint:—

"Dr. —— (for obvious reasons names are suppressed), a few days since, brought to me the ruptured uterus and fœtus described in his letter, and in his presence, with Dr. Mixer, I have examined the whole carefully.

"The uterus is torn near the attachment of the right broad ligament—walls on this side excessively thinned, so much so in some places as to leave little else than peritoneum,—opposite side of uterus about 1-3 of an inch in thickness, and of usual consistence. Length of body of uterus, 3 inches—breadth, 2 1-2 inches; cervix uteri 2 inches long, firm and broad at base, but gradually and regularly tapering to a thin, flattened extremity, covered by a smooth mucous membrane. Upon a careful dissection of the cervix, longitudinally and transversely, no channel, or line, or cicatrix, indicating the previous existence of an os tincæ, could be discovered. The structure is rather more dense than that of the uterus in its natural state, but its density is uniform—it is not scarred or corrugated, nor does it present any evidence of its being a result of disease. The mucous coat which covers it, lies free, and can be as easily removed as such membranes usually may be.

"The right fallopian tube terminates at about the middle of the right side of uterus—right ovarium is larger than natural, but apparently healthy. On the left side there is no broad ligament, nor fallopian tube, nor ovarium, but the peritoneum covers it as smoothly as in front.

"Dr. —— adds to what has been said in his letter, that the girl was always healthy—had menstruated three years, or until last three months, regularly.

"The whole was laid before the Buffalo Medical Association for their examination, at its last meeting (Sept. 2d), and the records of the Society certify substantially to the same as above.

"Through the politeness of Dr. ——, the uterus, &c., is now the property of the Buffalo Medical College, and may at any time be seen by medical gentlemen.

"F. H. Hamilton.

"*Buffalo, Sept.* 5, 1846."

Buffalo Med. Journal.

Suit for Mal-practice.—In the May No. of the St. Louis Medical and Surgical Journal the notes of a suit for mal-practice are published, in which the patient, Mary Dugan, was plaintiff, and Drs. Adreon and Beaumont were defendants. Dr. S. W. Adreon was the attending physician, and was charged and tried for opening a hernial tumor in the right inguinal region, which terminated in an artifical anus.

In his defence, Dr. Adreon produced evidence to show that it was a case of *Tuphlo-Enteritis*, or Inflammation of the Cœcum, terminating in ulceration and perforation of that portion of the bowels and pointing in the right groin. The jury returned a verdict in favor of both defendants. This unfortunate case not only resulted in a vexatious suit, but it appears also that it involved a dozen doctors in a medical quarrel.

Some of the physicians who saw the patient, were charged with improperly interfering in the case, and instigating the suit. In reply to this charge, they vindicate themselves by saying that they were forced into a temporary attendance when no one had charge of the patient, and that they endeavored to dissuade the patient from commencing legal proceedings.

It appears that there was an honest difference of opinion in relation to the case, and it is to be regretted that it was not confined to the consultation-room. In medicine, as in politics, there may be a difference of opinion without a difference of principle, and if the law of medical ethics is observed, to confine such differences to the consultation-room, all subsequent difficulties may be avoided. At some subsequent period, if an error has been committed, it may be published for the benefit of the Profession, without injury to the attending physician.

We will illustrate this position, by giving now the outline of a very important case which occurred in this city about thirty years since. A young lady by the name of Hubbard, from Great Barrington, came to this city and consulted the late Dr. Wight Post, for a pulsating tumor situated over the carotid artery, on the right side of the neck. The conclusion was, that the tumor was aneurismal, and that it required a ligature of the carotid. At that time it was supposed that the carotid had never been tied in this country, though it has been since asserted that Dr. Twitchell, of New Hampshire, had previously applied a ligature to this vessel. Dr. Post accordingly took up the carotid, and the patient recovered from the operation. The case will be found detailed in the Physico-Medical Transactions. It so happened, however, that the tumor did not disappear; and it was in contemplation to apply a ligature to the opposite carotid, upon the ground that the tumor was fed by the anastamosing branches of the opposite carotid. Before this second operation, the patient died, and upon a post-mortem examination it was found that the tumor consisted of an enlarged gland perforated through its base by the carotid artery. The pulsation of the tumor was found then to be owing to the carotid having passed through a small portion of it. Here, then, was a case, which contributed at the time very much to exalt the surgical reputation of Dr. Post, who stood deservedly high in the Profession, and which afterwards, according to the opinion of many, was a great error in diagnosis.

But it seems that in the case at St. Louis, the attending physicians not only got by the ears, but that the editors of the Journal had to take their share of the censure, because they published a reply to the *ex-parte* report of the trial. It is really amusing to see how the poor editors receive their castigations from the querulous members of the Profession, no matter what position they take in these quarrels. About a year ago, we were attacked because we rejected an article of a similar kind, and now the editor of the St. Louis Journal gets belabored for doing what we refused to do. Verily, doctors are difficult to suit.

The Annual Meeting of the New York Society for the relief of the Widows and Orphans of Medical Men was held on the 7th instant.

The following is a list of the officers for the ensuing year:—

Edward Delafield, *President.*

John Stearns,
F. U. Johnston, } *Vice Presidents.*
I. Revere,

Isaac Wood, *Treasurer.*

H. D. Bulkley, *Secretary.*

Annexed we also give a list of the managers, one third of whom go out every year.

Luke Barker,
E. L. Beadle,
W. N. Blakeman,
J. H. Borrowe,
J. C. Bliss,
W. P. Buel,
H. D. Bulkley,
James Cameron,
G. P. Cammann,
A. Dubois,
J. Foster,
J. H. Griscom,
R. K. Hoffman,
J. Linsly,
Jas. Macdonald,
V. Mott,
W. Parker,
A. C. Post,
H. Sweeny,
P. Van Arsdale,
J. R. Wood.

There are sixty-three members, of whom fifteen are life members by the payment of $100 at a time.

The funds amount to nearly four thousand dollars, the greater part of which is advantageously loaned on bond and mortgage, and the prospects of the Society are very encouraging.

DR. RODGERS' OPERATION FOR TYING THE LEFT SUB-CLAVIAN WITHIN THE SCALENI MUSCLES.—We copied an article in our May Number, from the New Orleans Journal of Medicine, to the effect that the above operation, supposed to have been original with Dr. Rodgers, had been performed in several instances, by surgeons in New Orleans. This statement has been recently retracted by the last-named Journal, and we are now informed that the artery was ligated *outside* of the scaleni muscles. Dr. Kearney Rodgers is therefore entitled to the credit of originality in this difficult and hazardous operation.

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SHALL THE CHARTER OF THE NEW YORK MEDICAL SOCIETY BE SURRENDERED?—We have been unable to attend the different meetings of our County Medical Society, recently convened for the purpose of discussing the question whether its charter should be surrendered to the Legislature, the power from whence it was derived. We have, therefore, heard none of the arguments adduced on either side of the question, and the conclusion at which we have arrived is the result of our own unbiassed and deliberate judgment. We believe, then, that the Society should retain all its corporate rights and privileges, and wherein they are inadequate for the attainment of the ends for which the Society was originally constituted, that it should petition the Legislature for such a modification or extension of its powers, as may be sufficient to ensure the objects of its creation. The Society should certainly possess the power of admitting and expelling members according to its by-laws, without resorting to the judiciary; in other words, a right to judge of the qualifications of its members—a right which every other incorporated or voluntary society possesses, and without which no society can long exist. It should, in connection with the other County Societies, ask for a repeal of all those regulations, concerning the profession, which are inconsistent with such power; in short, that the societies shall have the power of regulating their affairs by such by-laws as each society shall, in its majority capacity, deem right and proper for its own interests. That the Legislature would listen to such a petition, there can be no reasonable doubt whatever entertained. We have heard of no disposition on the part of the other Country Societies to relinquish their charters, and we know of no good reason why they should do so. The principal argument urged for the adoption of such a course by our own Society, we understand to be the want of disciplinary power. It is contended by many, however, that it already has such power (See Sec. 13th of the "*Statutes*," and Sec. 3d, of the "*General Regulations*," and the *By-Laws*, Art. 1 and 5th; also the *Covenanting Obligation*, xv., 3). But to place this matter beyond all doubt, we think a special act should be obtained from the Legislature for that purpose. The advantage possessed by a corporate body over a voluntary society, are too obvious to dwell upon here, and we should be sorry to see them voluntarily relinquished, without gaining any equivalent. That the Society, under its present organization, lacks the principle of vitality, we think, is sufficiently evident; and so far as we recollect, it has never been a very efficient laborer in the cause of science, even when it possessed the powers of which it is now supposed to be deprived. We should be rejoiced to see it arouse from its lethargy, and take that position in the medical world to which it is entitled from the number and respectability of its members; and all that is necessary to ensure this result is, that *each member should do his duty.*

QUARANTINE IN PHILADELPHIA.—(The following letter was received too late for insertion in our last number.)

PHILADELPHIA, July 27th, 1846.

"DR. C. A. LEE,

Sir,—The following are the answers to your questions according to our quarantine laws, which are in force from June 1st to Oct. 1st, in each year.

QUEST. 1st. When vessels are required to be cleansed and purified, what is the mode and usual time required ?

ANS. The cleansing and purification in the Port of Philadelphia has been as follows: The bilge water is changed until it is as pure as our river water; this is done in all cases on the arrival of a vessel at the Quarantine Station. No vessel is ever permitted to pass without this being done. When sickness prevails on board, all clothing is washed, bed and bedding well aired, cabin and forecastle washed and well cleansed, fore and aft runnings washed and perfectly cleansed and frequently thoroughly white-washed; it will require two or three days to perform the above.

Q. 2d. Are vessels coming from the intertropical ports in the summer months required to undergo a stated quarantine, and how long on an average ?

A. No. When the passengers and crew are all well no vessels are ever detained in consequence of their coming from certain ports.

Q. 3d. Has Yellow Fever been traced to vessels thus arriving within the last 20 years in your city ?

A. No. We have had few or no cases within the last twenty years; if any they were sporadic cases. The disease prevailed here in an epidemic form about the year 1819 or 21, and was satisfactorily traced by Prof. Jackson to domestic causes.

Q. 4th. The opinion of your physicians as to the contagiousness of the disease.

A. Almost every respectable physician believes in its non-contagious character.

Q. 5th. Are hides, skins, rags, hair and wool, unladen at your wharves in the summer months without undergoing quarantine ?

A. Yes. But it is a practice prevalent at our quarantine station, to open all hatches and examine skins and hides; if found unsound and offensive, to remove them from the hold to dry and purify; if very foul, they are removed to the store-house and the vessel permitted to pass.

Q. 6th. How often are you obliged to order vessels laden with such cargoes (skins, hides, &c.), to discharge elsewhere than at your wharves ?

A. Vessels are seldom required to discharge their cargo elsewhere; but when they have arrived at the port and the cargo is ascertained to be in an offensive state, the vessel is required to lie out in the stream, and the cargo removed by lighters to some of the distant factories.

Q. 7th. When vessels are ordered to undergo Quarantine are passengers allowed to land ?

A. Yes. By giving bonds in the sum of five hundred dollars, that they will not enter any of our populous cities within twenty days. In case the vessel is discharged within that time, they are also relieved from this obligation. This might happen in four or five days, all depending upon the cause of the vessel's detention.

Respectfully yours,
H. D. DIETRICH, M. D.
Port Physician."

CHOLERA ON BOARD THE U. S. SHIP COLUMBUS.—From a letter received from the Surgeon of the U. S. Frigate Columbus, dated at Sea, April 6th, 1846, we learn that this vessel sailed from the Bogue on the 6th of March, for Hong Kong, on the way to Manilla. The vessel arrived within 12 miles of Macao, and came to anchor, where she remained taking in supplies until the 13th; on that day the Columbus sailed for Manilla, and the next day the Influenza made its appearance, and in the course of two days it increased the sick list to more than 120. This disease soon subsided, and the vessel arrived at Manilla on the 24th with the health of the crew quite restored. About 8 o'clock on the evening of the 26th, the first case of cholera occurred, which rapidly ran its course into fatal collapse. Another case of attack occurred the same evening, and both died the next morning. On the 29th three more cases occurred, which terminated fatally the next morning. On this day the vessel sailed at noon; on the 31st two more of the crew were consigned to the deep, and the sick list received accessions almost every hour. The weather was excessively hot, and there was not wind enough to take the vessel into the open sea. On the 1st of April, three more were buried, on the 2d two more, making 12 in all, who died in the course of six days Thirty-five cases occurred in all, among a crew of nearly 800; the decline and rapid disappearance of the disease were attributed by the Surgeon, Dr. Ticknor, to the ship sailing into the open sea so soon after the disease made its appearance. The cholera prevailed at Manilla, when the ship arrived there, and it is stated that this place has not been free from the disease for several years. On the 9th the ship was at Macao, when there had been no more cases of cholera, and the sick list was reduced to 23.

From letters dated on the 21st and 27th of April, off Macao, from whence the ship was to sail in a few days for the North East Coast, we learn that the crew were healthy, and no more cases of cholera had occurred on board either the Columbus, or the Vincennes. A few weeks before the Columbus arrived at Manilla, a French Frigate lost nine of her crew in the same port, and an American Merchantman, three or four.

JOURNALIZING.—If any further proof were wanting of the rapid strides which New York is making, as the grand focus, centre, and theatre of medical education in this country, other than that furnished by the unexampled prosperity of its medical schools, it may be found in the rapid increase of periodicals devoted to the interests of medical science. For two or three years past, the "New York Journal of Medicine," with two or three reprints, were found adequate to meet the demands of the profession; but we now hear of several other journals, either already emerged to the light of day, or in that chrysalis state, when we may look for a full development at any moment.

The "New York Medical and Surgical Reporter," edited by Dr. C. T. Collins, has just completed the first year of its existence, forming a goodly sized volume of 420 pages, with a very copious index. This periodical has received the support of several highly reputable physicians, and abounds in useful and interesting matter. The lectures of Dr. Swett on "Diseases of the Chest," as delivered at the New York Hospital, are worth twice the subscription price of the journal, and ought to find it a ready sale. The Editor has, we believe, satisfactorily fulfilled all that he promised; and though young in the profession, has gained no little reputation for honesty of purpose, and zeal in the cause of medical science.

The "Annalist" is designed to be a record of practical medicine in the city of New York, and is edited by our friend and worthy collaborator, William C. Roberts, M. D. Dr. Roberts is well fitted by nature and education for the management of a medical periodical. He is not only learned in the literature of his profession, but a sound pathologist and practitioner. He, moreover, wields a ready pen, and has that sturdy independence of spirit, which is essential to one who undertakes to conduct a medical journal, with any satisfaction, in this city.

We need not add that we welcome our friend into the editorial field, and wish him all the success he so well merits.

PRIVATE TEACHING IN NEW YORK.—We would urge upon students coming to this city for the purpose of attending medical lectures during the ensuing winter, the great importance of entering the offices of those physicians who are engaged in the business of private instruction. They will find, that by a regular system of examinations and private teaching, they will be doubly profited by the able Lectures of the different professors, and carry away with them a much larger amount of useful, practical knowledge, than if they confined their attention merely to the lectures. Although we have not received any Circulars, we are informed that several highly accomplished Physicians and Surgeons will form Private Classes during the winter; among whom, we have heard mentioned the names of Drs. VAN BUREN and ISAACS, DETMOLD and GRAY, FOSTER and STONE, and DR. WHITTAKER; there may be others recently embarked in private teaching, whose names have not been made known to us, besides those whom we have formerly mentioned in the Journal. We need hardly add, that from personal acquaintance we can recommend all the above named gentlemen, as well qualified for the duties they have assumed.

Foreign Medical Intelligence.

PHYSIOLOGY.

Mechanism of Respiration and Circulation.—" The paralysis of the branches of the nervus vagus which are distributed to the lungs, is not the cause of the affection which developes itself in the lungs after the division of both nervi vagi in the neck.

" The excision of both nervi recurrentes causes the same affection in the lungs, though somewhat later, as the excision of the nervi vagi; from which it must be inferred that the paralysis of these two nerves, which ensues upon the excision of the two nervi vagi in the neck, is an essential cause of the above-mentioned affection.

" The conclusion of Longet, in his physiological resumé on the functions of the nervi vagi and recurrentes, that 'animals deprived of their recurrent nerves respire more quickly than in the normal state,' must rest upon false or misinterpreted facts, since my researches constantly prove the contrary.

" The preceding experiments and their results prove that the different functions which have been attributed to the branches of the nervus vagus going to the lungs, are erroneous; they also show that nothing more can be at present affirmed than that these branches bestow the sensation possessed by the mucous membrane of the bronchi, and that they contain motorial fibres for the bronchi.

" The phenomena resulting from the division of the nervi vagi, or recurrentes, consist of a retardation of the circulation, a dilatation of the capillary vessels, an exudation of plasma into the tissue of the lungs and into the air-cells, and of the usual metamorphoses of this exudation; they are, therefore, in all respects analogous to the process, which, in pathology, is termed pneumonia.

" The stasis of the blood in the capillary vessels of the lungs, which is the cause of the alterations above described, is, as such, not yet known, and all that is seen is the alteration produced by the loss of the influence of the vagus upon the lungs and their function, whilst the cause of the change is not determined. I have, however, seen the same alteration that is caused by the excision of the nervi recurrentes, produced by opening the cavity of the pleura, by injecting a thin fluid into the bronchi, or by introducing a hard body into one of the bronchial tubes. If, out of all these researches, we select that which is common, the law will appear—that the hindrance to the entrance of the air during inspiration, or more accurately, to the expansion of the air-cells, determines as a consequence a stagnation in the capillary vessels of the lungs.

" The preceding facts justify the presumption that the influence exerted by respiration upon the systematic circulation, which Poiseuille has determined, may be much farther extended than has heretofore been supposed; that, in fact, this influence, in virtue of a power which is generated in the lesser circulation by the expansion and contraction of the lungs, is communicated to the vessels running to and within the lungs; this presumption attains to certainty by experiments.

" The afflux or increased pressure of the venous blood towards the chest, and the diminished pressure of the arterial, is not determined, as hitherto supposed, by the rarefaction of the air within the thorax and the corresponding augmented atmospheric pressure, but is the consequence of the suction (*aspiration*) exerted on the blood by the elongation of the pulmonary artery, together with its branches and the capillary vessels of the air-cells.

"The suction, which is exercised by means of the elongation of the pulmonary vessels upon the blood contained in the veins, constitutes also the mechanism by which the processes of digestion and nutrition are connected with respiration, inasmuch as the chyle and the lymph are, by means of the ductus thoracicus opening into the subclavian vein, brought under the influence of this latter process: the materials of nutrition are, as it were, pumped into the blood by means of the expansion of the lungs.

"If from the starting-point which has now been gained, the results of these experiments be once more regarded, it is easy to show why, after the section of the nervi vagi, of the nervi recurrentes, after the introduction of a hard body into the bronchus, after an opening into the pleural sac, a stagnation must arise in the lesser circulation, and as a consequence in the greater circulation also; in other words, how in these instances pneumonia is caused, whilst, after a narrowing of the air-tube, or after ligaturing the abdomen, only a stasis is determined in the greater circulation, whilst the lungs remain free.*

"The influence above described, which the expansion and contraction of the lungs exert upon the greater circulation, is the cause of the closing of the fœtal passages, of the alteration of the circulation, and of the hypertrophy of the left heart developed in the first week of life."—*A. Mendelssohn. Berlin*, 1845.

MEDICAL PATHOLOGY AND PRACTICAL MEDICINE.

The Natural History and Treatment of Wounds. By Isaac Gilchrist, M. D., of Woodside, Aberdeen.—(British and Foreign Medical Review.)

In the case of an external injury, we are invariably met with the demand, what application will heal or cure it; in former days they had sarcotic or flesh-creating ointments, and in our own days we have *healing cerates*, and other similar preparations without number.

Let us first inquire what Nature can accomplish in the matter of wounds; and then, how she may be aided in her operations. Dr. Macartney states, that as to the effects of injury in the different classes of animals, he found, "that the powers of reparation and re-production are in proportion to the indisposition or incapacity for inflammation, and hence that inflammation is so far from being necessary to the separation of parts, that in proportion as it exists the latter is impeded, retarded, or prevented;

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* "If an opening be made into the pleura, and a communication with the external atmosphere be thus caused, the lung immediately collapses and no longer expands during inspiration. The lengthening of the vessels in virtue of which the blood is sucked into them out of the right ventricle, also ceases; and thus, one of the causes accomplishing the circulation in the lungs failing, the blood must move more slowly and with difficulty. The want of the power exerted by expiration also contributes to the same result; for, in the normal process, the air contained in the lungs is, by the force of expiration, so much compressed, as to acquire a density exceeding that of the atmosphere, and in this manner it exerts a general pressure upon the pulmonic capillaries and tends to empty them of their contents. The blood in the collapsed lung is propelled only by a power which is equal to a part of the contractile force of the right ventricle, the pressure, which normally is exercised by means of the motion of the lung, and thereby promotes the pulmonary circulation, being entirely absent. The vessels are in this condition pumped full of blood by the right ventricle, the dilatation of the capillaries and the exudation of a large portion of the plasma into the areolar tissue of the lungs and in the air-cells are the necessary consequence of the circumstances above described."

and that when inflammation does not exist, the reparative power is equivalent to the original tendency to produce and maintain organic form and structure ; that it then becomes a natural function, like the growth of the individual or the reproduction of the species." This is quite different from the doctrine formerly taught under the terms *adhesive, suppurative, ulcerative, inflammations.* There is no countenance here given to Sir Astley Cooper's statement—" No wound can be repaired without inflammation."

Dr. Macartney describes the modes of reparation as follows:—1. Immediate union without any intervening substance, such as blood or lymph. 2. The union by the medium of coagulable lymph, or a clot of blood. 3. The modelling process, or reorganization without any medium of lymph or granulations, the cavity of the wound becoming obliterated by a natural process of growth. 4. The reparation by means of a new, vascular, and organized substance, called granulations. In the treatment of wounds, therefore, the great object of the surgeon must be to prevent inflammation, and thereby secure reparation by any of the first three modes ; if he is successful in this object, granulation and suppuration, which go together, will be obviated. The following simple rules seem to embrace all that is necessary to facilitate nature's operations :—Approximate the edges of the wound gently and without much traction (after having cleaned it and removed foreign bodies); use as few stitches as possible ; use as little adhesive strap as possible ; apply a pledget of cloth soaked in cold water, and bandage loosely ; inculcate absolute rest ; preserve the part moist and cool, by the assiduous changing of cloths wrung out of cold water, and applied over the bandage ; the part must not be allowed to become heated, so that for the first few days the cloths must be changed every two or three minutes, or a minute continuous stream must be directed on the part, by any of the simple processes recommended for the purpose. By the use of cold water dressings, incised wounds heal immediately, and lacerated wounds detach sloughs, and are repaired by the remodelling process without suppuration, at the same time presenting the most excellent cicatrix. In the latter kind of wounds, when poulticing is used, profuse suppuration is established, inflammation being excited by the hot, rancid, oppressive, irritating poultices, much of the previously sound tissues are wasted away, and the resulting cicatrix is rigid and puckered, and contracted.

We read that Hippocrates himself used water dressing most successfully, but that afterwards Celsus introduced a variety of absurd and complicated medicines. In the 14th century, the system of secret dressing was in fashion, each practitioner having a remedy which he considered universally applicable. When at a still later period water dressings were used, they were accompanied with incantations, to which the good effects were attributed. It is stated that Ambrose Paré, a pious but superstitious man, used the same application, but astonished at his extraordinary success, deemed the remedy nothing less than miraculous, and therefore not to be used by mortals, and accordingly he abandoned it.

This mode of treating wounds has received at my hands a very extensive trial, and has been followed with great success. I must, however, confess that I have had no inconsiderable difficulty in overcoming the prejudices of the people against so simple a method ; and, in ordinary private practice, it is not unlikely I might have been obliged to discontinue it, or at any rate, substitute the usual mere formal perfumed lotions ; but the nature of my appointments in connection with the extensive manufactories in this district, has enabled me to carry forward the simpler practice, and that, too, at least, to the entire satisfaction of the people themselves. Such prejudices are not confined to our locality, and have been. I fear, too much fostered everywhere by the more mysterious proceedings of the scholastic and orthodox practitioners. If this is so, we need be less astonished at the success of quackery, which is conducted upon similar principles. When we let all our patients see and comprehend that we are treating them upon scientific and simple principles, then may empiricism prepare for its downfall without any interference on the part of government.

I shall conclude with a brief note of a few cases which have occurred recently, in illustration of the foregoing observations.

I. A man received an injury by the machinery in a large paper mill, which laid open the wrist-joint. The hand was half separated from the fore-arm, the tendons were torn, and the inferior end of the radius, which is naturally related to the carpus, was exposed. The arm and hand were placed straight upon a pillow, the wound was cleaned, and two stitches taken; a pledget of cloth soaked in cold water was applied, and a bandage rolled, not too tightly, round the hand, wrist and fore-arm; a large basin of cold water was placed conveniently by the bed-side, and directions left to apply freshly-soaked cloths over the bandage every two or three minutes, to prevent any heat or inflammation ensuing. No inflammation took place; the modelling process was uninterrupted, without suppuration, and an excellent cicatrix formed in little more than a fortnight.

II. A girl had the whole of the soft parts on the palm or surface of the four fingers, as it were, scraped off by the machinery of a flax mill; the tendons were torn, and the phalanges exposed at different places. Each finger was dressed as follows every day: being first bathed in cold water, a piece of soft cloth was placed round the finger, and a narrow roller to keep it applied: when the fingers were all thus dressed, a large cloth soaked in cold water was wrapped round them together, and changed as frequently as the slightest tendency to become heated appeared. The modelling process advanced steadily without suppuration, and cicatrization was completed in about four weeks. The fingers gradually acquired flexibility.

A great number of similar accidents have occurred among boys and girls employed in the cotton and flax factories in this district during the last six or seven years; and the same simple treatment has been adopted, so that, although obliged occasionally to amputate fingers in part or in whole, cases of very remarkable injury of soft parts of bones have recovered, and members have been saved, which, in all likelihood, would have been sacrificed by a treatment less calculated to prevent inflammation and suppuration. Flabby granulations are seldom seen, unless where the prevention of inflammation is carelessly attended to; so that caustic applications, astringent lotions, and stimulant ointments are not used.

III. A little boy had scrofulous disease of the bones of the ankle-joint, on account of which I amputated, by the flap operation, below the knee. Two stitches were used for two days; a strip or two of plaster, and cloths wrung out of cold water, were the sole applications. The wound was whole in a week. Other applications have been similarly treated, with equal success.

IV. A girl received a sharp instrument into the ball of the eye, at the Woodside works. The cornea and sclerotic coat were ruptured, the iris was lacerated, and prolapsus followed. Rest in bed, continued persevering use of cloths wrung out of cold water, and simple laxative medicine, constituted the treatment. The treatment was effectual in preventing inflammation, which was clearly the only indication in the case. The termination was as favorable as could be under such circumstances.

A multitude of cases might be recorded in this place in which the same simple natural treatment was adopted; but these instances suffice to show what Nature can accomplish herself, and the little we have to do to facilitate her operations.

On Typhoid Fever. By M. Bricheteau.—(Gaz. Med. Chir., from Medico-Chirurgical Review.)

M. Bricheteau has recently published some interesting papers upon this subject, of which our limits, however, forbid any prolonged notice. He maintains that the history of the disease proves that, forty years since, the intestinal canal did not present the lesions now so commonly remarked, for these must have been noted by such observers as Bayle, Dupuytren and Laennec. It may be laid down as a principle, therefore, that *typhoid fevers, without absolutely changing their nature, present at certain epochs notable modification, sufficient to effect a change in their diagnosis and treatment.* An illustration of this is also derived from the fact of no such considerable changes being observed in the epidemic fevers of Great Britain and Ireland. Even in France such lesions are absent in some epidemics, and are in others nowise in proportion to the gravity of the symptoms; so that they cannot be considered the essential feature of the disease and its point of departure, although, from their dangerous character, they naturally have excited much attention.

M. Bricheteau observes that the contagious character of typhoid is not admitted in Paris, although believed in some of the provinces; but he is certainly in error in stating that the contagion of typhus is generally admitted in this country, and that a vigorous sequestration is consequently insisted upon. He is more correct as to the treatment which prevails here, for certainly the bleeding and antiphlogistics employed by many in Paris, would meet with few approvers in London. In explanation, he observes that inflammatory lesions are more common in Paris, as its climate is less debilitating than that of London. Sydenham, who had studied disease at Montpelier, acknowledged that his practice was too vigorous at the commencement of his career in London; and many other practitioners have observed that bleeding is much less easily borne in that capital than in Paris.

E. Bricheteau believes, however, that typhoid cannot be looked upon as a *phlegmasia*, inasmuch as neither the season of the year at which it occurs, the treatment it requires, the order of sequence of the abdominal symptoms, nor the measures which relieve these, favor this view. "By seizing on this inflammation as a basis of treatment, we commit the error of neglecting the cause for the effects of the disease." M. Delaroque, of the *Hôpital Necker*, and others, believe the symptoms of typhoid are due to the irritating effects of *vitiated bile and other secretions* which are thrown out upon the intestinal mucous membrane, and are then absorbed, poisoning the economy. Andral, Bouillaud, and Louis, are cited in proof of the enormous quantities of such secretions which are found after death, while the success of the purgative treatment pursued by M. D., is adduced in corroboration of this view. Other observers explain all the symptoms of typhoid by a primary *alteration in the condition of the blood.* The dissolved state of this fluid has been often observed by both the older and modern practitioners, and symptoms identical with those of typhoid have been induced by injecting putrid matters into the veins—the blood losing its plasticity as in typhus.

Conclusions.—The placing the seat of typhoid in the intestinal canal, the cerebro-spinal system, the blood or its secretions, seems to me of very little consequence, since this disease affects simultaneously or successively every portion of the economy. We find, first, the phenomena incidental to a disturbance of the nervous system, in which disturbance the circulation soon participates. Almost immediately afterwards, diarrhœa and other symptoms of intestinal irritation present themselves, as also the *râle*, which proves the pulmonary organs are not unaffected. Other symptoms soon show that the various secretions are either perverted or temporarily suspended. The affection seems to prevail in some degree everywhere, and to have its special seat nowhere. It is truly the *morbus totius substantiæ* of the old physicians. It is often epidemic, and sometimes contagious, presenting much analogy with many pestilential fevers, typhus, sweating-sickness, and intense epidemic influenza—diseases to none of which a precise seat can be attributed. It follows that the *treatment* of typhoid should be mixed, being composed of measures as various as the lesions to be combated. Sometimes diluents and antiphlogistics, sometimes evacuants, at others alteratives, tonics, antiseptics, or sedatives, may be required. In fact, to adopt any exclusively curative method, would be to apply a determinate medication to an unknown pathological condition.

Urinary Calculus in the Pig.—Heller mentions having examined a urinary calculus taken from a pig. The stone was about the size of a musket-ball, very hard and mulberry-like; it was grey externally, but internally was white and amorphous. It was composed almost entirely of carbonate of lime, with a small quantity of phosphate of lime. There was no trace of uric acid or of urates in it.—*Archiv. für Chemie und Microscopie*, Heft. 1, 1846.

Paralysis of the Hands from the use of Crutches.—A woman has been admitted into the Hôtel Dieu, under the care of M. Guérard, with paralysis of both fore-arms and of the fingers of both hands, resulting apparently from pressure on the axillary nerves by the use of crutches for fourteen days. The paralysis began by a feeling of numbness. There was complete loss of sensation and of the power of motion in the affected parts, on admission; but by rest and the employment of blisters and strychnia for a few days, the fingers had regained a certain amount of their power. The case is still under treatment.—*Gaz. des Hôpitaux*, 18 Avril, 1846.

Necessity for Accuracy in Diagnosis.—A case is mentioned by M. Rostan, which affords a good example of how much the right treatment of a disease depends on a methodically conducted examination into all the particulars likely to bear on the affection. A female became the subject of an obstinate constipation. The first medical man who saw her suspected the existence of some inflammatory affection, and prescribed the application of leeches. No beneficial effects resulting from this plan of treatment, another physician was consulted, who ordered purgatives: these, however, produced only temporary relief, and a third medical man was accordingly summoned. He went more methodically to work in his endeavor to find out the real cause of the complaint; he examined the abdomen, and found an ovarian tumor, which was compressing the rectum, and so mechanically caused constipation. The position of the patient in bed was altered so as to relieve the rectum from pressure, and the bowels at once acted.—*Gazette des Hôpitaux*, Avril 18, 1846.

Mode of arresting Hemorrhage from Leech-bites.—Dr. Houston recommends the following plan for preventing excessive bleeding from leech-bites, which he has found invariably successful. Take a small pinch from the felt of a beaver hat, pile it on the bite; or if there be several points, pile one respectively on each, and spread over the whole a piece of thin muslin, drawing it tightly, so that any blood which flows must pass directly through both; then with a fine sponge drying up the blood as it oozes out, and in a short time both felt and muslin will have become dried by the coagulation of the blood in the thin fine meshes, and the hemorrhage arrested. The muslin may then be all cut away, except the adhering points, which, in the course of a couple of days, will of themselves drop off, leaving the parts healed, and free from any such disfiguring marks as those which necessarily follow cautery, caustics, or needles."—*Dublin Hospital Gazette*, March, 1845.

On the Non-mercurial Treatment of Syphilis.—By Dr. Scott. Dr. Scott made some observations on the importance which attaches to the history of Syphilis. No subject could be more full of interest, or prove more clearly the necessity of strict investigation into what are considered the most established doctrines in medicine. Thirty years since there was no doctrine in the profession which was considered to be so well founded as the treatment of syphilis by mercury. In England none presume to differ from the opinion of John Hunter, that the disease was incurable without mercury, and not only that the medicine was required to remove the disease itself, but that to cure the disposition to it, and to secure the constitution from its ravages, an extended course of mercury was required. Sir Benjamin Brodie still retains this opinion; and Dr. S. observed that he would not have probably called the attention of the Society to this subject, had he not observed, in the lately published Essays by Sir Benjamin, some remarks, which, from so high an authority, appeared calculated to lead to what appeared to him an injurious line of practice. Every now and then a dissenting voice had been raised against the mercurial doctrine, but the profession in general adhered to the opinion of John Hunter.

Heberden considered it as one of the four specifics discovered in medicine. Allusion was made to the remarkable paper of Dr. Fergusson in the Med. Chir. Trans. of 1813, and the observations made by him on the disease, as it appeared in Portugal, and the opinion of the German physicians.

Sir Benjamin Brodie, in mentioning the work of Mr. Abernethy on Pseudo-Syphilis, considers that the illogical conclusions and extraordinary assumptions contained in it have much diminished the value of this part of his writings. This work of Mr. Abernethy, Dr. S. considered a most useful one, as having led the way to the investigation from which such important results have been derived. Dr. S. then related his personal experience. In 1813 he was placed for a short time in Colombo, in charge of the venereal wards, in which the cases were all treated with mercury. Many of them he found were well in a few days, others in five or six, others in three weeks, periods too short to warrant the conclusion that they were venereal; they were therefore set down as cases of pseudo-syphilis. The number of these cases increased with the field of experience, and in a few years the use of mercury was gradually resigned in almost every case of local disease. The secondary symptoms were few and slight, and never required an extended course of mercury. The same plan of treatment was also adopted with them, and in a few years Dr. Scott, then garrison surgeon at Point de Galle, entirely abandoned the use of mercury. The inference which he drew, however, was, not that the venereal disease was curable without mercury, but that the real disease did not exist in Ceylon. Dr. S. then described the miserable victims who were constantly found in military hospitals at that time, affected by extensive ulcerations, nodes, &c., who furnished a considerable number of the invalided and many deaths. Since mercury was abandoned, such cases have disappeared from the hospitals. In 1818 and 1819, Dr. Scott became acquainted with the results of the investigation which had been carried on in England, and since that time had entirely abandoned the use of mercury as a specific. He had found many cases in which it was required as an alterative. After some remarks on laryngeal ulceration, diseases of the bones, &c., which are still met with in practice, Dr. S. stated that he considered every case of local disease to be curable without mercury, and that under such treatment the secondary symptoms, when they did occur, were slightly and easily managed. In fact, the disease ran a certain course, modified by peculiarities of constitution, and required only the treatment adapted to such modifications. Dr. S. drew a contrast between two cases of secondary symptoms which had been under his care at the same time, of young men of the same age, and of irritable and unhealthy constitutions. Both were severe cases, but in one the patient recovered in two months, while the other, after many narrow escapes, could only be pronounced cured after the lapse of a year from the first attack.

Dr. Maclagan expressed his satisfaction that Dr. Scott coincided in the views Dr. M. had long entertained on this subject. His confidence in mercury as a specific in syphilis had been first shaken when, after he was a graduate in medicine, he attended for some months the Lock Hospital in London, under Mr. John Pearson. There, every variety of form in the disease presented itself, but in very many cases seemed to be aggravated, rather than benefited, by the mercurial treatment; and though Mr. Pearson, in his lectures, and in his conversations with his more advanced pupils, still advocated the necessity for mercury in the cure of syphilis, he often expressed his doubts whether in many constitutions the use of mercury had not been more injurious than beneficial. While afterwards serving with the army in the Peninsula, and in charge of a Portuguese brigade, he had also been much struck with the apparent success which attended the treatment of the primary forms of the disease in the Portuguese soldier, by topical remedies alone, or merely with the additional use of Lisbon diet and drinks, and sometimes without either. He saw none of those cases of secondary symptoms in an aggravated form, to which his late lamented friend, Dr. William Fergusson, has alluded in his paper in the Transactions of the Medico-Chirurgical Society of London, but Dr. M. was then disposed to attribute the success of the non-mercurial treatment among the Portuguese to some peculiarity in the climate, and in the constitution and habits of the natives, which he afterwards had occasion to remark in a very different disease, Traumatic Tetanus, which, with few exceptions, assumed a less fatal form among the Portuguese wounded than among the British. On his return to Edinburgh, after the peace, Dr. M.'s attention had again been directed to the subject by the opinions long expressed by his early teacher Professor Thomson, and by the opportunities of seeing the practice in the Depôt Hospital in Edinburgh Castle, under Dr. Thomson's charge, as well as in that, and in Regiment Hospitals, under Dr. Hennen, Mr. Johnston, and Dr. Bartlett of the 88th regiment, the latter of whom published an excellent Thesis at his graduation on the non-mercurial treatment. This treatment had also been adopted in the practice of Staff-Surgeon Guthrie, and in that of Mr. Rose of the Coldstream Guards, and since very generally and successfully throughout the army. Since 1818 Dr. M., with a few exceptions where the patients' scruples afford full explanation, demanding its modified use, has adhered to the non-mercurial plan of treatment both in dispensary and in private treatment, and in no one instance has had reason to regret it. Many who were then so treated are his patients still, fathers of families enjoying, as well as their offspring, excellent health, and without the occurrence in the period that has elapsed of any secondary symptoms of an aggravated form. On the other hand, he has seen too many cases where the use of mercury to its full extent has been productive of constitutional injury of the most serious character.

Dr. D. Maclagan alluded to the success which attended the practice of Dr. Fricke in Hamburgh, and Professor Krukenberg in Halle, in corroboration of the benefits of the non-mercurial system of treatment.

Dr. Bennett stated, that the last account of Dr. Fricke's practice, with which he was acquainted, is to be found in Sir Alexander Crichton's Commentaries on Medicine. This treatment had been tried on a large scale in the various garrisons of France, Germany, and Sweden, and reports had been given to the various governments, amounting altogether to upwards of 80,000 cases, the general results of which were quite in accordance with the experience of Dr. Scott. He thought that one of the best evidences of the non-mercurial treatment existed in the fact, that those dreadful secondary and tertiary cases which were formerly so common, are now seldom met with, and that pathological specimens of syphilitic bones, although common in museums, are at present scarcely to be obtained.

Dr. R. Mackenzie was of opinion that the observations which had been made were directed rather against the abuse than the use of mercury. As surgeon to the Lock Hospital of Edinburgh, he had seen many cases where the sores, however obstinate, had at once improved in character as soon as the constitution was affected with the drug. He alluded to two cases especially, in which this was observed, where mercury was given for iritis, but in which obstinate chancres on the genitals also began to heal as soon as the medicine produced its physiological effects.

Dr. A. D. Campbell stated that mercury was also necesssry in the syphilitic eruptions of children.

MIDWIFERY.

On Incision of the Neck of the Uterus in cases where, from contraction of the Organ, Delivery is difficult. By Dr. Labordie.—The author commences his paper by stating, that whilst in many cases the progress of labor appears to proceed naturally, the membranes having ruptured, and the pains succeeding each other regularly, yet the os uteri does not dilate, and labor is indefinitely retarded. The woman being otherwise well formed, it is evident the obstacle to delivery is sought for in the cervix, which being rigid, does not yield to the contractions of the body of the uterus itself. In general, simple means, such as bleeding, baths, emollient and narcotic injections, are found sufficient to overcome this state of rigidity. But in a certain number of cases these means are insufficient, the labor is lingering, and the life both of mother and child is in danger. It is in such cases that incision of the neck must be had recourse to, in order to induce dilatation, and this has now been so often performed, as to rank as a legitimate operation.

Three cases occurring in the practice of M. Dubois are detailed by M. Labordie; to one of these we invite the attention of our readers, as the operation was followed by a result not usually met with.

A young well-formed girl was admitted into the Clinical Hospital in the month of June, 1844. She had suffered from hemorrhage at various times during the course of her pregnancy. On the 6th the pains of labor commenced, and continued during the whole day. In the evening the membranes burst, the neck was thick and rigid, and the os uteri dilated to the extent of two centimetres.

On the morning of the 7th, a face presentation was recognized. The cervix was still rigid, but dilatation had advanced to the extent of three centimetres. Although the woman was much weakened, M. Dubois still deemed it prudent to allow things to take their course without interference. At half-past one, labor having made no advance, and the patient being much exhausted, incision of the cervix was then determined on. One incision made in the right side produced slight relaxation, but was followed by no other consequence worthy of remark. A second was immediately practised on the left side, but scarcely had it been done, when there ensued a copious hemorrhage of bright red blood. M. Dubois had immediate recourse to the forceps, but could not apply them, owing to the rigid state of the cervix; he was equally unsuccessful with the lever. Injections of cold water were then had recourse to, but without effect in stopping the hemorrhage. The woman was now so exhausted that it was necessary to plug the vagina. The bleeding was thus stopped, but the patient continued in a state of extreme distress, and delirium supervened. Nevertheless the plug was removed in the course of half an hour; dilatation had now become sufficient, and labor was terminated by the forceps. All the unfavorable symptoms ceased, and the woman soon recovered.

Mr. L. remarks that cases of this kind are of rare occurrence, so much so, that M. Dubois had never met with one similar. He conceives that it must have been owing to the placenta being inserted near the mouth of the uterus.

The following rules laid down by M. L. as to the mode of operating are so important, that we give them *verbatim*:—"We have seen," he says, "M. Dubois have recourse sometimes to the knife, sometimes to the scissors, in order to relieve the stricture at the mouth of the uterus. M. Danyau, on the other hand, invariably uses the scissors. Should a preference be given to one or other of these instruments, or may they be used indifferently?

No decided answer can be given to the question, for either of them may be had recourse to, according to circumstances, and according to the spot at which it is necessary to relieve the stricture. As a general rule, however, we should not hesitate to employ the bistoury, provided the cervix be not displaced; and we should choose that form of bistoury employed in removing the amygdalæ. When it is wished to practise an incision, either to the left, or anteriorly, or posteriorly, the index finger of the left hand must be introduced into the vagina, and its palmar surface applied to the spot where it is desired the incision should be made. The bistoury must then be introduced by means of the right hand, its flat surface sliding along the surface of the index of the left, until its point, passing within the cervix, comes to be in contact with the end of the finger. By means of a semicircular motion, the cutting edge of the instrument must then be directed perpendicularly towards the free edge of the orifice; should the latter be tense, the incision will be most readily executed, by giving to the instrument a sawing motion. We recommend all surgeons to limit the incision to the extent of a centimetre, conceiving it preferable to multiply them, should the desired result not be produced. If the incision be made to the right, the right hand must be used as a guide to the instrument.

When the cervix lies far back, it is impossible to use the bistoury for the purpose of relieving its posterior lips; in such a case, recourse must be had to the scissors. The mode of operation is nearly the same; but in order to insure that the incision does not go beyond the extent of a centimetre, a most careful examination must be made by means of the finger. The scissors are also applicable in case of retroversion, when the anterior hip has to be relieved, as well as for lateral incisions, in those cases in which the cervix lies very much to the right or left. It will be readily conceived, that in all such displacements, the most elevated edge of the orifice would be reached with difficulty by the bistoury, as its point would be in danger of coming in contact with the walls of the uterus, and wounding them. If the use of the scissors be entirely prohibited, a bistoury with a very convex cutting edge must be made use of.

The operator can, in general, immediately ascertain the effects of his incision; the cervix, from being hard and resisting, becomes more pliable. The influence of the operation should be particularly watched during a pain; it will then be found, that the head of the child, pressing strongly on the orifice, advances more perceptibly than before. The dilatation, in a quarter of an hour after the operation, is generally sufficient to permit of the application of the forceps, should it be thought desirable to terminate the labor in that way. But should this not be the case, new incisions must be had recourse to. M. Dubois affirms that he has never failed in accomplishing his end by following these precepts.

There is one counter-indication to the operation, which we wish particularly to specify, and that is, thickening of the cervix. When the latter has not become thin, the operation, instead of being of advantage, may be the very reverse. In this latter case, hemorrhage is most to be feared; but the incision over such an extended surface may also be the primary cause of laceration so extensive as to prove fatal.

Attachment of the placenta, near the cervix, may, from what we have previously stated, be also held as a circumstance sufficiently serious to forbid the operation."—*Encyclographie Médicale*, April, 1846.

Use of the Black Oxide of Mercury in the vomiting of Pregnancy.—M. Stackler has announced that he has found the black oxide of mercury a most useful medicine for removing the obstinate vomiting which sometimes occurs in females during pregnancy. The vomiting was checked in two cases of unusual severity, by doses of oxide, equal to five centigrammes daily (=0·77 grains). No unpleasant effects were observed to follow the use of the medicine. There was no salivation. Doctor Jouger has found the oxide equally beneficial in hysteric convulsions, and in cases of uterine irritation.

Subnitrate of Bismuth in Gastralgia.—Dr. Bertini, of Turin, has lately employed this medicine in numerous cases of gastralgia, beginning with a dose of five centigrammes (= 0·77 grains), and gradually raising it to twenty centigrammes = 3·08 grains. It was mixed with calcined magnesia, and given three or four times a day. In most instances the neuralgic pains disappeared under the use of this medicine; and in cases where the gastralgia appeared to be connected with organic disease, the symptoms were always much alleviated.

Mode of using Quinine.—Dr. Mendenhall (*Am. Jour. Med. Sci.*, July, 1846) makes the following observation on the best mode of administering quinine in fever:

Patients are generally very anxious to have the paroxysms broken up, and it is, therefore, desirable to commence the use of quinine as early as possible. When doubt existed as to the propriety of using it, it might often be given combined with some diaphoretic; and of these the sweet spirits of nitre is one of the best, if not the very best. I always use it unless there is the most perfect certainty that quinine will be tolerated without the unpleasant symptoms spoken of. I was first led to its use by the recommendation of Professor Chapman, in his lectures ten or eleven years ago, and I have been highly gratified with the result. I am confident that I have, by conjoining it with quinine, broken up cases of chills and fevers, in feeble and debilitated patients, particularly, where the febrile state ran on without any great abatement, until the commencement of the succeeding chill that must have succumbed to the effects of the repeated paroxysms. But in these cases the preparatory treatment had been instituted, the fever was moderated, the tongue was somewhat cleaned, the secretions were generally more or less restored, and the only indication remaining to be fulfilled, was the interruption of the debilitating paroxysms. It was these paroxysms which were wearing the patient ont, and not the local determinations, for they were removed. This combination of a diaphoretic with quinine often has the happiest effects; it appears to determine, in a great measure, the excitant effects of the quinine to the secretory action of the skin, and what, under other circumstances, might have produced dryness and heat of the surface, results in a profuse perspiration like the sweating stage of an intermittent. Here, instead of coinciding in its effects with the disease, a crisis is forced upon it, and the train of morbid associations is broken up.

SURGERY.

Operation for Aneurism.—The following conclusions, as the result of his experience in operations for aneurism, are drawn by Mr. Guthrie, in a lecture delivered by him at the Royal Westminster Ophthalmic Hospital:—

1. That the theory of the operation of aneurism, as dependent on the collateral circulation, cannot be applied with safety to spurious aneurisms of recent occurrence dependent on wounded arteries.
2. That it is inapplicable to wounded and bleeding arteries.
3. That the length of time a spontaneous aneurism has existed is of consequence, as connected with the collateral circulation; although an

aneurism should never be allowed to attain that size which may render it injurious to the surrounding parts.

4. The collateral vessels are at all times and under all natural circumstances capable of carrying on the circulation in the upper extremity, whatever disease or injury may affect the principal trunk, provided a due degree of care be taken to maintain the temperature of the part. Whenever the reverse takes place, it is an exception to the general rule.

5. After operations for aneurisms in the lower extremity, the collateral branches are almost always equal to carry on the circulation through the limb.

6. When the principal artery of the lower extremity is suddenly divided, without any previous disease having existed, mortification is not an uncommon occurrence, and is more likely to take place in old than in young persons.

7. When under such circumstances the principal vein is also divided, mortification seldom fails to be the consequence.—*Medical Times.*

Operating for Varicose Veins.—There are indeed no circumstances here to justify the performance of a dangerous operation. You may perform such operations to get rid of a disease still more dangerous, but you have no right to perform an operation attended with such a degree of danger as can be appreciated, in order to get rid of a disease which is not dangerous; and no one can say that varicose veins belong to the class of dangerous diseases. But still there is another reason against having recourse to this operation. I do not believe, from what I have formerly seen, that it permanently benefits the patients. It is true that they appeared to go out of the hospital much relieved; but where I had the opportunity of seeing them one or two years afterwards, I always found them as bad as ever. Indeed I am by no means certain that the benefit which the patients appeared to derive, in the first instance, was the result of the operation; and I am more inclined to believe that it arose from their having been necessarily kept for some time in bed in the horizontal posture. Patients with varicose veins always seem to improve under these circumstances. But I may observe further, that there appears to be no reason why, in ordinary cases of varicose veins, the obliteration of the *saphæna* should do any good, and that there are better grounds for believeing that it will do harm. I have already explained to you that pressure on large venous trunks causes an obstruction of the blood in passing through them, and that this is one common cause of varices."—*Sir Benj. Brodie.*

Mr. John Goodsir has been elected Professor of Anatomy in the University of Edinburgh. The well-known reputation of this gentleman as an anatomist, physiologist, and assiduous cultivator of comparative anatomy and natural history, renders this an appointment which cannot fail to give satisfaction.

M. Sedillot has been elected a corresponding member of the Academie des Sciences, Paris, in the section of Medicine and Surgery.

The colleagues and pupils of Dr. Billing at the London Hospital, have presented to him, on the occasion of his retirement from that institution, a massive and highly ornamented piece of plate, with an appropriate inscription.—*Prov. Med. and Surg. Jour., May,* 1846.

Elephantiasis.—Elephantiasis, judging from the number of cases casually seen, is as common here (China) as at Rio de Janeiro, or even at Barbadoes, where it is so prevalent as to have given rise to one of its names—*Barbadoes-leg.* It is generally, and there is reason to believe justly, considered as an endemic disease in the proper meaning of the word. Yet, on examining the topographical and appreciable climatorial constitution of the three places, few points of agreement can be discovered between them, though in some peculiarity of these things, in conjunction with the modes of living and personal practices, the causes of endemic diseases must consist. In the latter particulars, it is true, in diet and domestic management, there is considerable similarity between some classes of persons, in the positions named. Both at Rio de Janeiro and Barbadoes, elephantiasis prevails principally among the negroes, who, like the poorer Chinese, subsist almost exclusively on vegetables, with a portion of salted fish. Like them, they are also very often dirty in their persons, their cabins, and their clothes. These things may have much influence in producing the disease, but it is evident that they are not of themselves sufficient; for other classes and races of men, who feed as poorly, and are not more cleanly, are not affected by it.

Respecting the nature and rational treatment of elephantiasis, there is fortunately less doubt than on the subject of its origin. It consists essentially in inflammation of the sub-cutaneous cellular tissue, which leads to effusion, the effused matter becoming imperfectly organized, occasioning tumefaction, and impairing more or less the motive power of the limb. Repeated attacks of inflammation, effusion, and consolidation, produce, if not arrested, in the course of time, generally many years, the highly enlarged, tuberculated, scaly leg, resembling very closely that of an elephant. As the disease advances, the functions of every tissue, especially of the skin, ligaments, and bones, are injured or destroyed, by increasing pressure, till, beginning with the separation of the toes, disorganization proceeds to a fatal issue.—*J. Wilson, Notes on China.*

Phosphate of Ammonia in Rheumatism.—(Medical Examiner, July, 1846.) Dr. Hartshorne reports several cases treated with this remedy; the following are his conclusions. The medicine was given in doses from 10 to 30 grs. three times per day.

The powers of the remedy were fairly tested in the Pennsylvania Hospital,—and the result may be deduced from a short statement of each case. It will be seen that it has proved no *specific*, although several of the cases recovered. Additional treatment was used generally,—as Dover's powder at night, the warm bath, cupping, blisters dressed with morphia, and mercurial ointment combined with narcotics, veratria ointment, &c. These may perhaps claim much of the credit of the cures, which were mostly very low.

In all these cases, twenty and thirty grain doses of the salt procured some laxative effect upon the bowels,—in one, a painful diarrhœa; and in another, diarrhœa, vomiting and indigestion, were brought on after using twenty grains thrice daily, for several days. Two patients had very little effect produced upon their bowels. No increase of urine was, upon inquiry, ascertained in any of them.

The phosphate has been used in a dozen or more cases, by my father, Dr. Joseph Hartshorne, with such advantages as incline him to think it may be a valuable addition to our means of treatment of rheumatism, though by no means as a specific remedy.

In the tardiness of cure, and repeated failure among the cases above reported, we see the proof that it has no such peculiarity or certainty of action; and that the plausible theory of Dr. Buckler is as yet unconfirmed. It is a question whether now, if ever, we can hope so clearly to unriddle the subtle chemistry of the animal fluids. But the known acid condition of the secretions in rheumatism, makes alkalies and alkaline salts a natural indication; laxatives are also called for; and this medicine has both these qualities. The degree of success with it, or at least the number of *coincident recoveries*, is also enough to justify more extended trials, although there is nothing, as yet, to induce us to suppose it can supersede the colchicum.

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Extirpation of the Lachrymal Gland.—This gland is subject occasionally to simple interstitial enlargement, requiring its removal. Dr. Halpin thus describes his mode of performing the operation in the *Dublin Quart. Jour. Med., Feb.*, 1846:—

"In operating in this case, I determined to avoid wounding the eyelid, thinned, discolored, and traversed by large veins. I drew down the tumor with the fingers of my left hand, until I had about one-half of the eyebrow below the edge of the lupuciliary ridge. Mr. Brice then fixed the integuments against the forehead. In order to insure the largest possible space after the dissection of the gland from its deep attachments, I swept round nearly two-thirds of the orbit with my first incision, which commenced immediately above the tendon of the orbicular muscle, and terminated half an inch below the external commissure. In this course, I divided the eyebrow through its entire length, leaving about two-thirds of its breadth on the forehead; the ligamentum palpebranum was then divided. The flap was next dissected down; and ample room was obtained; a ligature was passed through the gland, and it was dissected entire, partly with the index finger of the right hand, and partly with the scalpel, from its deep connections. There was no hemorrhage. The edges of the divided eyebrow were now brought together by four points of interrupted suture; the patient was put to bed, and the cold water dressing applied. Union by the first intention took place along the entire line of incision. Seven days after the operation, he was able to return home—the eye-ball gradually regained its normal position; at the end of four weeks there was no deformity to be observed, and the line of incision scarcely perceptible. The eye-sight continued good. What is remarkable, the patient did not experience any unusual dryness of the eye-ball after the operation; and tears bedewed the eye, on the application of any irritant to the conjunctivæ.

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